



Inspiring all girls to be strong, smart, and bold

<input type="checkbox"/> Elementary Programs
<input type="checkbox"/> Teen Programs

Girls Inc. of Greater Santa Barbara Registration Form

Today's Date ___/___/___

CHILD INFORMATION:

Child's Name (First, Middle, Last): _____ Date of Birth: ___/___/___ Age: _____

Gender: Female Male Other: _____ Primary Language Spoken in Home: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Race and Ethnicity:	Asian American/Pacific Islander	Black/African American
	Hispanic or Latina	Middle Eastern or North African
	Multiracial or more than one race or ethnicity	Native American, Alaska Native or Indigenous
	White	Other: _____

Did your child advance to the next grade level in the most recent school year? YES NO

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship: _____ Work Phone: _____ Cell: _____

Place of Work: _____ Occupation: _____ Email: _____

Name: _____ Relationship: _____ Work Phone: _____ Cell: _____

Place of Work: _____ Occupation: _____ Email: _____

TELL US ABOUT YOUR CHILD:

Please provide any specific behavioral, emotional, cognitive, and/or social information that will assist us in ensuring we provide them with the most supportive care possible (for example does your child receive any support services from school):

PERSONS AUTHORIZED TO PICK UP CHILD / EMERGENCY CONTACTS (Other than parents):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

HOUSEHOLD:

Household Income: Less Than \$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000-\$50,000 More than \$50,000

Is your child eligible for free or reduced price school lunch? YES NO

Household count: _____

Child lives with:	Two Parents	Mother Only	Father Only	One parent at a time (joint custody)
	Grandparent(s) or other relative(s)	Foster Parent(s)	Other	

If Joint custody, please explain: _____

I hereby give permission for my child to become a participant of Girls Inc. of Greater Santa Barbara. I understand my child will participate in a variety of indoor and outdoor activities, programs, and classes and that Girls Inc. of Greater Santa Barbara staff will take every precaution to provide these activities in a safe manner and environment.

Parent/Guardian Signature: _____ Date: _____



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Girls Inc. of Greater Santa Barbara Medical Form

Child's Name (First, Last): _____ Date of Birth: ___/___/___ Age: _____

HEALTH HISTORY:

Child is Subject to:

- Colds YES NO
- Sore Throat YES NO
- Fainting Spells YES NO
- Muscle Sprains/Strains YES NO
- Bronchitis YES NO
- Convulsions/Epilepsy YES NO
- Cramps YES NO
- Allergies YES NO

Child Has or Has Had:

- Heart Trouble YES NO
- Asthma YES NO
- Lung Trouble YES NO
- Broken Bones YES NO
- Sinus Trouble YES NO
- Hernia (Rupture) YES NO
- Appendicitis YES NO
- Surgery of any Kind YES NO

Is the child currently under any type of medical treatment? YES NO

Please Explain "YES" answers:

Please list all medications the child is presently taking:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Times Taken</u>	<u>Prescribing Doctor</u>
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Please list any allergies, dietary restrictions, and/or drug reactions:

Please list any physical disabilities that may limit your child's activities at Girls Inc. (eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.):

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Does your child have medical insurance? YES NO Name of Provider: _____

Does your child have dental insurance? YES NO Name of Provider: _____

Permission to Apply Sunscreen:

I authorize Girls Inc. of Greater Santa Barbara to apply sunscreen to my child: YES NO

If No, I understand I am responsible for applying sunscreen to my child before attending Girls Inc. and sending sunscreen from home. _____ (initial)

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

OFFICE USE ONLY: Media Release YES No Referred By: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Girls Inc. of Greater Santa Barbara TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()



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Girls Inc. of Greater Santa Barbara Release of Liability & Waiver of Liability

Participant Name (First, Last): _____ Date of Birth (if minor): / /

Please read the following Release / Waiver of Liability and confirm you understand it by signing below.

Assumption of Full Responsibility for all Risks of Bodily Injury, Death, or Damages:

On behalf of myself or as a parent or legal guardian of _____ (child's name), I hereby authorize and consent to my/their participation in the programs offered by Girls Inc. of Greater Santa Barbara ("GIGSB") and I represent that I/they are medically able to participate in those events without risk of harm to themselves or others. I understand that participation in activities at GIGSB, including but not limited to its after-school programs, classes, field trips, sporting events, surfing, cooking, and other athletic events and activities may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death, and I voluntarily assume the risk of injury associated with those events. _____ (initial)

Girls Inc. of Greater Santa Barbara Gymnastics Only:

I authorize and consent to _____ (participant's name) participating in gymnastics activities held by GIGSB and I represent that I/they are medically able to participate in those activities without risk of harm to myself/themselves or others. I acknowledge that various factors and causes, known and unknown, associated with Gymnastics could cause injuries, which include, but are not limited to, the height and positioning of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other physical activities offered by GIGSB Gymnastics and I am aware of the possibility of injury from participating in the aforementioned activities, and I voluntarily assume the risk of injury posed by such activities. _____ (initial)

Notification: In case of injury, illness, or any situation that could require medical attention during or by reason of a GIGSB program or excursion, it is understood that a conscientious effort will be made to notify the participant, or their parent or guardian before medical attention or other necessary action is taken. If a participant is unable to give consent or if a parent or guardian cannot be located in a timely manner, I understand that the expense of this service will be accepted by me. In the event that such care or medical treatment is deemed by GIGSB to be necessary, I agree to release GIGSB from any liability in connection with such care or medical treatment and to pay all costs associated with such care or medical treatment.

_____ (initial)

Waiver of Liability: In consideration for allowing me/my child to participate in activities offered by GIGSB. I, my heirs and assigns, next of kin, and all others acting on my and my child's behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I or my child has or may hereafter have against GIGSB or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless GIGSB or any agent, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by GIGSB. I hereby release GIGSB and any agent, employee, representative or other acting on their behalf or at their direction from liability for ordinary negligent conduct that may occur in the future. _____ (initial)

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older. _____ (initial)

Participant/ Parent or Guardian Signature: _____

Participant/ Parent or Guardian Printed Name: _____

Date: _____



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Girls Inc. of Greater Santa Barbara Media Consent/Release for Participant

Participant's Name (First, Last): _____ Date of Birth (if minor): / /

Participant: This is a release of Legal Rights. Please read it carefully and be certain you understand it before signing below. A separate media release must be signed for each participant within the same family.

I am a participant or the legal parent/guardian of minor participant _____ (Participant). I hereby give unrestricted permission for Participant to be photographed, videotaped, digitally recorded, audio taped, and/or interviewed by Girls Inc. of Greater Santa Barbara ("GIGSB") or its representatives. I understand and agree that the photographs and/or video containing the image, likeness and/or voice of Participant, in whole or in part, may be used in the production of instructional and/or promotional materials produced by or on behalf of GIGSB, and may be shared with third parties, and that such materials may be distributed or broadcast to the public and displayed publicly. I also consent to the use of Participant's name, likeness or photograph, voice, or creative works on the internet or on other electronic/digital media or print media.

I hereby grant GIGSB, and its agents the absolute right and permission to use Participant's image/likeness/voice and/or photographic portraits, pictures, digital images, stories, quotes, audio, or video of Participant, or reproductions thereof or otherwise for any lawful purpose, whatsoever, including but not limited to use in any GIGSB promotion through publication, website, social media, video, interview, event and/or advertising. I hereby waive any right that I may have to inspect and/or approve the finished project or the copy that may be used in connection therewith, wherein Participant's likeness appears, or the use to which it may be applied.

I also understand that my permission to use the photographs, likeness, audio or video is for an unlimited duration. I also agree that no money or other consideration, including expense reimbursement, will be due to Participant, or our heirs, at any time because of Participant's participation in any of the above or the use of Participant's name, likeness, photograph, voice or creative work.

I understand that all negatives, prints, digital reproductions, and videotapes shall be the property of GIGSB and I have no interest therein. I waive all right, title and interest I may have to control or approve the use of any image, likeness, voice audio, or video image or other use of the image or recording now or in the future, whether that use is known to me or unknown, and I waive any rights to royalties or compensation from such use.

For myself or as Participant's parent or legal guardian, I agree to release and hold harmless GIGSB, its members, directors, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that arise out of or by reason of the use of Participant's name, photograph, or likeness, voice, or creative work on television, radio, motion pictures, social media, internet, or any other electronic/digital media or print media, including any re-use distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise.

I understand that any changes in consent will apply from the date of receipt of that written notification moving forward and cannot be applied retroactively to previously created photographs, stories, quotes and the like, and/or any promotional materials.

MINOR CONSENT: I hereby certify that I am the legal parent(s) or guardian(s) of the above-named minor participant and hereby give my consent without reservation to the foregoing on behalf of Participant.

Participant
I am at least 18 years of age and am fully competent to sign this release.

Participant/ Parent or Guardian Printed Name: _____

Participant/ Parent or Guardian Signature: _____

Date: _____ Phone: _____



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GIRLS INC. OF GREATER SANTA BARBARA

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Girls Inc. of Greater Santa Barbara (“GIGSB”) has put in place preventative measures to reduce the spread of COVID-19; however, **GIGSB cannot guarantee that you and/or your child will not become infected with COVID-19.** Further, participation in activities held by or associated with GIGSB could increase your or your child’s risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child may be exposed to or infected by COVID-19 by participation in events held by or associated with GIGSB; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GIGSB’s employees, volunteers, and program participants and their families.

____ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or to my child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/they may experience or incur in connection with participation in events held by or associated with GIGSB (“Claims”).** On my behalf and/or that of my child, I hereby release, covenant not to sue, discharge, and hold harmless GIGSB, its employees, volunteers, contract workers, agents, and representatives (“Releasees”), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of GIGSB, its employees, volunteers, contract workers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation held by or associated with GIGSB.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I and/or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I and/or my child have no medical or physical condition which could interfere with the safe participation in this activity, and I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS Any legal proceeding that is brought to interpret or enforce the rights and obligations covered by this Agreement will be brought in the State of California, Santa Barbara County, and governed by the laws of the State of California. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS I **have had sufficient time to read this entire document and have had the opportunity to consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or my child, or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is reasonable. **I have read and understood this document and I agree to be bound by its terms.**

____ INITIALS If I have signed a separate general waiver of liability connected to my participation in events held by or associated with GIGSB, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS **I agree that I and/or my child will comply with all health and safety rules and guidelines imposed by GIGSB or by any state, local or federal governmental entity, and will practice safe social distancing and clean hygiene during my participation at events held by or associated with GIGSB or while on GIGSB premises.**

I am a participant or the legal parent or guardian of the minor participant _____ and I am authorized to enter into this Agreement on my/their behalf. In consideration of being permitted to participate in activities held by or associated with GIGSB, I further agree to indemnify and hold harmless Releasees from any claims which could be brought by me or on behalf of minor participant or are in any way connected with my/their participation.

Participant / Parent or Guardian Signature _____ **Date** _____

Print Name _____



of Greater Santa Barbara

**Girls Inc. Teen Programs (7th-12th Grades ONLY)
Waiver and Permission to Walk Home from Girls Inc.**

Student Name: _____

Parent/Legal Guardian Name: _____

I understand that it is the general policy of Girls Inc. of Greater Santa Barbara that an authorized person must sign out a registered student. However, a parent/guardian may prefer to give permission to Girls Inc. for their child to walk home/ leave the program without adult supervision.

By my signature below, I hereby give permission for the above named student to walk home after participation in Girls Inc. programming without adult supervision on any school day. With this permission slip, I indicate my consent to assume total responsibility for the above named student.

Waiver of Liability: In consideration for allowing my child to leave Girls Inc. Teen Programs without adult sign out or adult supervision, I, my heirs and assigns, next of kin, and all others acting on my and my child's behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I or my child has or may hereafter have against GIGSB or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless GIGSB or any agent, representative or other acting on their behalf for any injuries suffered as a result. I hereby release GIGSB and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future.

Parent/ Legal Guardian Signature

Date

I **DO NOT** give my permission for the above named student to leave Girls Inc. Teen Programs without adult supervision.

Parent/ Legal Guardian Signature

Date