

## April 15th - 19th / 7:30AM - 5:30PM / Cost: \$125

I	Member Name:	Age:	
I	Parent/Guardian 1 Name:	Phone:	
I	Parent/Guardian 2 Name:	Phone:	
	Member of 2023-2024 After-School Program	2023 Summer Camp Member	
	Emergency Contact/Permission to Release:	Phone:	
	2	Phone:	
;	3	Phone:	
ĺ	Please circle what days they will be attending: M, T, W	, TH, FRI or FULL WEEK	
	<ul> <li>Photo Release: Permission is granted for the use of publication, exhibition and distribution of any photographs, films, video, voice recordings, etc. for public relations and marketing purposes and are the sole property of Girls Inc.</li> <li>Permission to Participate: My child has permission to take part in all Girls Inc. of Taunton activities unless such activity is limited by a pre-identified health condition. Activities include but are not limited to roller skating, cooking, and Girls Inc. National Identity Programs.</li> </ul>		
<b>_</b>	Please list an allergies or medical conditions:  In the event of an emergency, I hereby authorize Girls Inc. of Taunton to carry out any measure deemed necessary for my child's well-being, including securing appropriate medical treatment at the expense of the undersigned. Further, I agree to release all employees, volunteers and agents or Girls Inc. of Taunton from any and all liability or claims arising out of any such activity or emergency.		
<b>Registration Fee:</b> Weekly membership fee is \$125. This fee is due at the time of registr for the first 15 minutes of late pick-up and \$1/minute thereafter. I understand that I and the registration fee and any late fees for which my child is registered.		reafter. I understand that I am responsible for	
- I	 Parent/Guardian Signature	 Date	