

Winter Vacation Workshop Series

☐ **Monday 12/22 - Merry Makers Workshop**

☐ **Monday 12/29 - Spa Day**

☐ **Tuesday 12/23 - Merry Grinchmas**

☐ **Tuesday 12/30 - Glitter & Goals Workshop**

Rate: \$35/day, lunch and snacks are included

Member & Family Information:

Member Name: _____		Date of Birth _____		Age _____	
Parent/Guardian 1 _____		Relationship _____		E-Mail (REQUIRED) _____	
Employer _____		Phone (Home) _____		Phone (Cell) _____	
Phone (Work) _____		Address _____		Town/City _____	
State _____		Zip Code _____		Parent/Guardian 2 _____	
Relationship _____		Phone _____		Employer _____	

Emergency Contacts and Permission to Release:

Three contacts (must be 18+) other than the Parent/Guardians listed above must be provided. In the event that the Parent/Guardian cannot be reached in an emergency, in case of early release or if the member is not picked up before closing, Girls Incorporated of Taunton is authorized to contact the following individuals. **Members will NOT be released to persons other than those listed unless notified by a parent in writing.**

Contact 1 _____	Contact 2 _____	Contact 3 _____
Phone _____	Phone _____	Phone _____
Town/City _____	Town/City _____	Town/City _____
Relationship _____	Relationship _____	Relationship _____

Additional Authorized Individuals for Release: _____

DO NOT RELEASE MY MEMBER TO: _____ Relationship: _____

Parent Signature: _____ Date: _____

Member Health Information:



Medical History and Special Conditions:

Diagnosed Medical Conditions: _____ Chronic or Recurring Illnesses: _____

Allergies: _____ Dietary Restrictions: _____

Injuries/Surgeries: _____ Activity Restrictions: _____

Current Medications: _____ Reason for Medications: _____

*Please be prepared to provide the medications in original containers with the Authorization to Administer Medication Form.

Medical History and Special Conditions (continued):

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed program activities, except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the director in charge to act in the best interest of my child in the case of an emergency. Every effort will be made to contact a responsible adult. I am over the age of 18 and have read and understand the registration and payment policies of Girls Inc. of Taunton. I am aware that my child will not be able to attend Girls Inc. of Taunton programs without payment and a completed registration packet.

Parent Permissions:

_____ My child has permission to take part in all Girls Incorporated of Taunton activities unless such activity is limited by a pre-identified health condition listed on her medical history form. I am aware of the activities offered including, but not limited to: roller skating, sports, arts and crafts, the Girls Incorporated national identity curriculum and travel and walking field trips. In consideration of participation in activities and programs of Girls Inc. of Taunton and to use it's facilities, equipment, and machinery, in addition to any fee or charge, I do hereby waive, release, and forever discharge Girls Inc. of Taunton and its officers, agents, employees, representatives, (collectively "Girls Inc."), from and all responsibilities or liability for injury and damages to my child, including those caused by negligent act or omission of the Girls Incorporated of Taunton, or in any way arising out of our connection with my participation in any activities at Girls Incorporated of Taunton or the use of any equipment at Girls Incorporated of Taunton. I agree to adhere to all policies set by the Girls Incorporated of Taunton. I am aware that incomplete or unsigned registration forms will be returned to me for completion. I hereby give permission to the medical personnel selected by the director to act in the best interest of my child in the event of an emergency. Further, I agree to release all employees, volunteers and agents of Girls Incorporated of Taunton from any and all liability or claims arising out of any such accident or emergency. Every effort will be made to contact the parent, guardian and emergency contacts.

_____ Permission is granted for use of the publication, exhibition and distribution of any photographs, films, video tapes, voice recordings, etc. for public relations and marketing purposes and are the sole property of Girls Incorporated of Taunton. If you **DO NOT grant permission for your member's photo/video to be used in any way, a recent photo of your child must be attached to the application.**

_____ I understand that I am fully responsible for all membership fees and late pick up fees for which my child is registered for. **ALL fees are non-refundable.**

_____ The right to membership depends upon respect for Girls Incorporated of Taunton, staff, volunteers, members, rules and equipment. Membership is a privilege and may be suspended for inappropriate behavior. In the event of inappropriate or dangerous behavior, an incident report will be sent home. If three reports are issued within one program, the member may be suspended from the program for an amount of time to be determined by Girls Incorporated of Taunton.

_____ If a member requires an early release due to a medical event or behavioral violation parents must arrange for pick up within **30 minutes of being contacted.** Members requiring 1-to-1 aids for assistance are required to provide one at their own expense.

_____ I have been provided with access to a parent handbook and have reviewed the policies provided. As stated in our handbook, parents and guardians have the right to review our policies on background checks, health care and discipline as well as procedures for filing grievances. This program must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. I agree to abide by the terms, conditions and payment schedule of Girls Incorporated of Taunton.

Fees: Event Specific
late pick-up fee: \$25 for first 15 minutes, \$2/minute for each additional minute

Parent Signature: _____ Date: _____