PERMISSION AND LIABILITY RELEASE FORM
Girls Incorporated of Greater Houston
(Please Print)

Child's Name_____Date of Birth _____/_____/_____ Age ____Grade _____

Address_____City_____ Zip_____

Primary Guardian _____Email _____

Phone (Day) _____ (Evening) _____ (Cell) _____

DEMOGRAPHICS: The information below is collected for reporting purposes and is kept anonymous.

Ethnicity: (Optional)	**Language:** (Optional)	**Family Income:** (Optional)	**Family Size:** (Optional)	**Family Configuration:** (Optional)
❑ Asian American or Pacific Islander ❑ African American or Black ❑ Hispanic or Latina ❑ Native American or American Indian ❑ White, European American or Anglo ❑ Multiracial or Multi Heritage ❑ Other (please indicate) _____	❑ English ❑ Spanish ❑ French ❑ Other (please indicate)_____	❑ less than $ 10,000 ❑ $10,000 to $15,000 ❑ $15,000 to $20,000 ❑ $20,000 to $25,000 ❑ $25,000 to $30,000 ❑ $30,000 to $50,000 ❑ More than $50,000	❑ 1 - 3 ❑ 4 - 5 ❑ 6 or more	Does the child live with: ❑ Two Parents ❑ Mother only ❑ Father only ❑ One parent at a time (joint custody) ❑ Neither parent (e.g. foster parent, grandparent or other relative, group home)

HEALTH INFORMATION: Health information obtained will remain confidential and will be used by Girls Inc. to provide the best possible experience for your child.

Health Conditions

□ ADHD
□ ADD
□ Turner's Syndrome
□ Obesity
□ Asthma
□ Type 1 Diabetes
□ Type 2 Diabetes
□ Learning disabilities and/or developmental delays
□ Anxiety
□ Eye Problems (This does not include general use of eye glasses)
□ Sickle Cell Anemia
□ Heart Problems
□ Chronic Ear Infection
□ Depression
□ Cancer
□ Neurological disorders - Please specify: _____

□ Wheelchair (or other medical equipment) - Please specify: _____

□ Other - Please Specify: _____

Other Health Information

Allergies to Medications_____ Food Allergies _____

List medication(s) taken by participant _____

EMERGENCY CONTACTS: If unable to reach me in case of an emergency, please contact the following:

Name _____ Relationship _____ Phone (Day)_____ (Evening)_____

Participant's Doctor _____ Phone:_____

Medical Insurance/Health Care Provider _____

FOR PARENT/GUARDIAN:

Liability Waiver Agreement

I, the parent/guardian of _____ permit her to participate in Girls Inc. programming. As consideration for participation in these activities, I hereby agree that Girls Incorporated of Greater Houston and their respective employees, agents or contractors ("protected parties") shall have no liability for any claims, actions, demands, losses, costs, expenses, penalties, injuries, and/or damages of any kind arising out of or related to the program activities, even if such claims arise out of negligent, grossly negligent, reckless, or willful acts of the protected parties. I therefore waive any and all such claims that I and/or the child may have against the protected parties.

I give my permission for the above. (Please initial)_____

Permission to Obtain Medical Care

I authorize Girls Incorporated of Greater Houston to obtain medical care for the child in the case of a medical emergency. I understand that I am financially responsible for the care given and that reasonable efforts will be made to contact the doctor of my choice listed on this form. Medical treatment includes transportation for the child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of the child.

I give my permission for the above. (Please initial)_____

Media Release

I allow the above-named child to be photographed and/or video taped during the event, and for the images, her name, and/or recordings to be published, reproduced, or distributed by Girls Incorporated of Greater Houston and its affiliates, without financial remuneration to me or the child, in all outlets, including, but not limited to, television, newspapers, internet, Girls Inc. publications, recruitment materials, and ads without liability or limitation on my or the child's part.

I give my permission for the above. (Please initial)_____

Program Enrollment Procedure: In order for your child to participate in Girls Inc., you must submit the completed the form to the school/organization prior to the start of the program. Enrollment is limited.

Disclosure of Information: Participants in Girls Inc. programs have the right to confidentiality and privacy. Girls Inc. will not share any of your child's personal information unless you give us written permission to do so.

Exceptions to Confidentiality: In instances where children inform us that they are being hurt by someone (physically, sexually, emotionally) or if they indicate that they want to hurt themselves or someone else, Girls Inc. will break confidentiality.

I agree to abide by said policies and to cooperate with staff to ensure my child will comply with Girls Inc. of Greater Houston's policies and the policies of her Girls Incorporated site.

I hereby acknowledge that I have read, understood, and agree to the above waiver of liability.

_____	_____	_____
Signature of Parent or Guardian	Relationship to child	Date