



2021 Enrollment Form



Member Information:

Member Name: _____ Age: ____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Grade: _____ School: _____

Allergies: _____

Disabilities: _____

Parents/Guardians: (parent #1 is considered the custodial parent)

Parent/Guardian #1: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Parent/Guardian #2: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Emergency Information: If custodial parent/guardian is not available in an emergency, we will notify the following

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____



2021 Enrollment Form



The following people may pick my child up from Girls Inc.

Demographic Information

The following information is needed for statistical purposes only and is strictly confidential.

<u>Ethnic background</u>	<u>Family Income</u>	<u>Child lives with</u>
<input type="checkbox"/> White	<input type="checkbox"/> under \$10,000	<input type="checkbox"/> both parents
<input type="checkbox"/> Black/African American	<input type="checkbox"/> \$10 - 15,000	<input type="checkbox"/> mother only
<input type="checkbox"/> Hispanic / Latina	<input type="checkbox"/> \$15 - 20,000	<input type="checkbox"/> father only
<input type="checkbox"/> Asian	<input type="checkbox"/> \$20 - 25,000	<input type="checkbox"/> one parent at a time
<input type="checkbox"/> Multi-racial	<input type="checkbox"/> \$25 - 30,000	<input type="checkbox"/> foster family
	<input type="checkbox"/> \$30 - 50,000	Other _____
	<input type="checkbox"/> More than \$50,000	

Parental Authorization

I authorize Girls Inc. staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury, I give Girls Inc. permission to transport my child to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I also agree to accept full financial responsibility for any injury that my child may incur as a result of her participation. I further agree to release from and to indemnify for any liability, now and hereafter, for any injury my child may incur as a result of her participation in the program activity, Girls Incorporated of Shelbyville/Shelby County, their employees, officers, and volunteers. I make this agreement on behalf of my heirs, my estate, and myself. I understand that Girls Inc. personnel will contact me as soon as possible regarding any emergency involving my child.

I give my child permission to attend local outings as part of the daily activities of Girls Incorporated programs. (park, field trips...etc.)

I authorize Girls Incorporated to publish my child's name and photograph in the newspaper, newsletter, web page, or other promotional publications.

I agree to pay and be fully responsible for any and all fees and expenses incurred by my child related to her participation or involvement in any activities associated with Girls Incorporated, including but not limited to: before and after-school programs, holiday breaks, sports leagues or activities, gymnastics, field trips, summer camps, and any other activities in which my child participates through Girls Incorporated. I further agree that in the event collection proceedings are necessary to collect any unpaid fees or expenses which I owe that I will be responsible for payment of any attorney's fees and expenses incurred by Girls Incorporated to collect all outstanding amounts.

I understand that Girls Inc. can use a program called Professional Crisis Management (PCM) and that there are Girls Inc. staff who are certified in this protocol and have the right to use it if any safety concerns or crisis situations arise. Disclaimer: PCM is only used in extreme safety situations.

I hereby declare that all above information is correct, and I will be responsible for providing Girls Inc. with any information that changes throughout the year.

Signature / Parent-Guardian

Date

Attention Parents:

During this session of gymnastics, Girls Inc. is the location for the Shelbyville High School gymnastics team HOME meets. When there is a home meet, Girls Inc. has to cancel classes for that evening. When high school gymnastics have away meets, some of our coaches also coach or participate in high school gymnastics, and will not be able to hold their gymnastics class. We will provide a make-up class for all these cancelled classes. If you are unable to make it on the designated make-up date, we CANNOT provide you with any other dates.

Monday, January 11- Home Meet-All classes are cancelled. The make-up class is Tuesday, January 12 at 3:00-3:50pm.

Monday, January 18- Home Meet- All classes are cancelled. The make-up class is Tuesday, January 19 at 3:00-3:50pm.

Tuesday, February 23- Away Meet- All classes are cancelled. The make-up class is Saturday, February 20 at 10-11am for all levels.

We apologize for any inconvenience!

Also, just a reminder that if any classes get cancelled due to inclement weather, we DO NOT offer make up classes!



2021 Winter/Spring Gymnastics Registration Form

Rev. 12-2-2020

Winter/Spring Session:
January 11-May 21

There are no classes on:
March 22-26- Spring Break

Twinklers- Preschool Gymnastics (Ages 3 & 4) 1 day/wk

Full	Tuesday	5:00-5:45pm	Ella	\$40 per month
Full	Wednesday	5:30-6:15pm	Elizabeth	\$40 per month

Sparklers - Beginning Gymnastics (Ages 5 & Up) 1 day/wk 2 days/wk

Full	Monday	5:30-6:20pm	Elizabeth	\$45 per month	\$65 per month
Full	Monday	6:30-7:20pm	Elizabeth	\$45 per month	\$65 per month
Full	Tuesday	3:00-3:50pm	Pam	\$45 per month	\$65 per month
Full	Tuesday	4:00-4:50pm	Renee	\$45 per month	\$65 per month
Full	Tuesday	6:00-6:50pm	Renee	\$45 per month	\$65 per month
Full	Wednesday	6:30-7:20pm	Elizabeth	\$45 per month	\$65 per month

Rising Stars- Intermediate Gymnastics 1 day/wk 2 days/wk

Full	Tuesday	4:00-4:50pm	Pam	\$50 per month	\$70 per month
	Tuesday	5:00-5:50pm	Renee	\$50 per month	\$70 per month
Full	Tuesday	6:00-6:50pm	Ella	\$50 per month	\$70 per month
Full	Wednesday	3:00-3:50pm	Pam	\$50 per month	\$70 per month

Super Stars- Advanced Gymnastics 1 day/wk 2 days/wk

	Tuesday	4:00-4:50pm	Ella	\$50 per month	\$70 per month
Full	Tuesday	5:00-5:50pm	Pam	\$50 per month	\$70 per month
	Tuesday	6:00-6:50pm	Pam	\$50 per month	\$70 per month

XCEL Bronze- Invitation only

Full ~~See Pam for class days and times~~

XCEL Silver - Invitation only

Full ~~See Pam for class days and times~~

XCEL Diamond/Gold/Platinum- Invitation only

Full ~~See Pam for class days and times~~

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Parents Name: _____ Parents Email: _____

Class Level: _____ Class Day (s)/ Time: _____

*If you wish to drop out of a class, you must sign a drop-out form in the front office so that you will no longer be charged. You will be responsible for paying all fees until a drop-out form is filled out and returned to the front office.

*All monthly payments are due by the 10th of every month. A \$10 late fee will be charged if payment is not made by the 10th.

* \$25 membership plus the first month of gymnastics payment MUST be paid before the first day of class.

Girls Inc. Gymnastics Center

New 2021 Guidelines

- Girls need to arrive to the center no later than 5 minutes prior to their class start time. All girls are required to wash their hands as a group before starting class. If girls arrive late, this will cut into their class time.
- All girls will be required to wear a mask any time they leave the gymnastics room (i.e. bathroom breaks, hand washing, etc.). There are masks available at Girls Inc. or your daughter can bring one from home.
- Girls need to bring their own water bottle.
- Parents/guardians will not be allowed into Girls Inc. The only people coming into the center will be Girls Inc. members and Girls Inc. staff.
- If you enroll in a class that begins after 6:00pm, be sure you are here by the time class begins. The doors to the building will be locked and no one will be available to let you in after class begins.
- If your child is sick, she will not be allowed into Girls Inc. Each child will be given a temperature check upon arrival. If your daughter has a fever, sore throat, cough, headache, stomach ache, etc., she will need to stay home.
- Picking Up Your Child After Gymnastics Class:
 - If you are picking up your daughter any time **before** 6:00pm, please use the designated pick-up spots in the parking lot and follow the instructions on the signs.
 - If you are picking up your daughter any time **after** 6:00pm, please park in any parking space and walk to the main doors of the building. Please wait outside and the gymnastics instructor will bring the girls out to you.

I understand what is expected of me and my child to attend Girls Inc. gymnastics. I have read the new guidelines listed above and will comply.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

SPORTS WAIVER

CHILD'S NAME _____ SPORT _____

Read the following carefully and sign below. NOTE: Parents signs if student is under 18 years of age.

Athlete Membership Agreement and Information Club Waiver and Release Form

Fill in all blanks, submit form for current year's sports area. One form signed will cover all sports leagues and gymnastics.

AGREEMENT

In consideration of my membership in Girls Incorporated, and my participation in Girls Inc. classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Girls Incorporated.
2. **Medical Attention:** I hereby give my consent to Girls Incorporated and/or the Host Organization to provide, through a medical staff of its choice, customary medial/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
3. **Readiness to Participate:** I will only participate in those Girls Inc. classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises that I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in sporting activities and events. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Girls Incorporated, its coaches, other staff members, Board of Trustees, and volunteers will not accept responsibility for injuries sustained by any student during the course of any sporting event. Or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Girls Incorporated of Shelbyville/Shelby County. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Girls Incorporated and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of sports and injury. The parent should warn the child according to what the parent feels is appropriate. Girls Incorporated of Shelbyville/Shelby County will only warn the child through "Safety Messages" and our teaching style and progressions.

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

Parent or Guardian Signature: _____ Date _____

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 Shelbyville & Shelby County has put in place preventative measures to reduce the spread of COVID-19; however, **Girls Inc. of Shelbyville & Shelby County cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your 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 may be exposed to or infected by COVID-19 by participation; 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 at Girls Inc. of Shelbyville & Shelby County may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Girls Inc.'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 (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Girls Inc. of Shelbyville & Shelby County.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Girls Inc. of Shelbyville & Shelby County, its employees, agents, and representatives, 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 Girls Inc. of Shelbyville & Shelby County, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Girls Inc. of Shelbyville & Shelby County.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I 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 have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where Girls Inc. of Shelbyville & Shelby County is located, and I further agree that the substantive law of that state shall apply. 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 **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

____ INITIALS I **have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me 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 a reasonable bargain. **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 at Girls Inc. of Shelbyville & Shelby County, 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 will practice safe social distancing and clean hygiene during my participation at Girls Inc. of Shelbyville & Shelby County.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in Girls Inc. of Shelbyville & Shelby County activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence **Girls Inc. of Shelbyville & Shelby County** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in Girls Inc. of Shelbyville & Shelby County activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. 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.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me 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 a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM
Youth, ages 9-12



Only required for girls turning 9-12 by May, 2021

As part of a larger initiative, Girls Inc. of Shelbyville/Shelby County is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada, and asks questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and the experience at Girls Inc.

The survey takes 20-30 minutes to complete.

The survey has been designed to be taken on-line and will cause little or no risk to your child. The only potential risk is that some questions may ask about sensitive topics, like cigarettes, alcohol, or drugs. Participants will not put their names on the survey, and no one at Girls Inc. of Shelbyville/Shelby County will see individual survey answers. A code will be used instead of girls' names. Your child's survey answers will be added to those from other surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your child.

There is no direct benefit right away from taking part in the survey. The results of the survey will help Girls Inc. participants in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all participants to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Participants may answer some, none, or all of the questions, and they may stop taking the survey at any point. There will be no loss of benefits to you or your child if they do not take part in the survey.

There is no payment or cost for taking part in the survey.

For more information, you may contact Kerri Coffey, Director of Operations at 317-392-1190 Ext. 10.

If you would like to see the survey, a review copy is available at Girls Inc. of Shelbyville/Shelby County. Please call 317-392-1190 to make arrangements with the front office staff to see the survey.

Please complete the section below and return it by February 26, 2021.

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your child's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your child's rights as a research subject, contact Advarra IRB at adviser@advarra.com or [877] 992-4724 (toll free).

Child's Name: _____ Child's Age: _____

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my child may participate in the survey.
- No, my child may NOT participate in the survey.

Parent/Guardian name: _____ Parent/Guardian signature: _____
 PRINT SIGN

Date: _____ Time: _____

You may be emailed a PDF copy of this signed and dated consent form. There may be risks of loss of privacy and confidentiality if the PDF copy of this consent form is viewed and/or stored on a personal electronic device (PED), especially if that PED is shared with other

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM**Teen, ages 13-18**

Only required for girls turning 13-18 by May, 2021



As part of a larger initiative, Girls Inc. of Shelbyville/Shelby County is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada and asks questions about topics such as nutrition, mental and physical health, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, sexual activity, and the experience at Girls Inc.

The survey takes 35-40 minutes to complete.

The survey has been designed to be taken on-line and will cause little or no risk to your child. The only potential risk is that some questions may ask about sensitive topics, like alcohol, drugs, or sexual behaviors. Participants will not put their names on the survey, and no one at Girls Inc. of Shelbyville/Shelby County will see individual survey answers. A code will be used instead of girls' names. Your child's survey answers will be added to those from other surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your child.

There is no direct benefit right away from taking part in the survey. The results of the survey will help Girls Inc. participants in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all participants to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Participants may answer some, none, or all of the questions, and they may stop taking the survey at any point. There will be no loss of benefits to you or your child if they do not take part in the survey.

There is no payment or cost for taking part in the survey.

For more information, you may contact Kerri Coffey, Director of Operations at 317-392-1190 Ext.10.

If you would like to see the survey, a review copy is available at Girls Inc. of Shelbyville/Shelby County. Please call the front office at 317-392-1190 and talk with the front office staff to make arrangements to review the survey.

Please complete the section below and return it by February 26, 2021.

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your child's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your child's rights as a research subject, contact Advarra IRB at adviser@advarra.com or [877] 992-4724 (toll free).

Child's Name: _____ Child's Age: _____

SIGN if age 18: _____ Date: _____

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my child may participate in the survey.
 No, my child may NOT participate in the survey.

Parent/Guardian name: _____ Parent/Guardian signature: _____
 PRINT SIGN

Date: _____ Time: _____

You may be emailed a PDF copy of this signed and dated consent form. There may be risks of loss of privacy and confidentiality if the PDF copy of this consent form is viewed and/or stored on a personal electronic device (PED), especially if that PED is shared with other users or is lost, hacked, or subject to a search warrant or subpoena. Also, the PDF copy of the consent may not be able to be permanently removed from a PED.