



# 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 # \_\_\_\_\_



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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	Other _____
	<input type="checkbox"/> \$30 - 50,000	
	<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

**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 \_\_\_\_\_

## Girls Incorporated of Shelbyville/Shelby County Member Technology and Internet Use Policy

Member Name: \_\_\_\_\_

All members are responsible for their actions and activities involving Girls Incorporated of Shelbyville/Shelby County computers, network resources, and internet services.

### Acceptable Uses:

- Girls Inc. technology (computers, iPad's, etc.), network and Internet services are provided for educational purposes
- Members must comply with all policies, rules, and expectations concerning member conduct and communications when using center computers

### Prohibited Uses:

- Accessing inappropriate material- Students may not access, submit, post, publish, forward, download, scan or display offensive, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing, bullying and/or illegal material or messages
- Staff members must **always** accompany and supervise members while using any technology.
- Members must receive permission to print material.

**NO** food (including gum and candy) or drinks allowed around Girls Inc. technology.

**NO** Instant Messaging or online chatting allowed

**NO** email use by students

**NO** software installation or program downloads by students

**NO** music or MP3 downloading

**NO** "burning" of music CD's of any kind using Girls Inc. computers

**NO** posting to electronic bulletin boards or message boards

**NO** changing of computer configuration settings (i.e.: home page, passwords, screensaver) or altering the desktop display

**NO** social media (Facebook, Twitter, etc.)

**NO** playing any game that you need to sign in to play

**NO** getting on any website that needs a username and/or password

**Parent or Guardian must read and sign this agreement.** As a parent or guardian of this member I have read the member technology and internet policy. I understand that this access is designed for educational purposes. However, I realize that it is impossible for Girls Incorporated of Shelbyville/Shelby County to restrict access to controversial materials and I will not hold Girls Incorporated of Shelbyville/Shelby County responsible for any materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a Girls Incorporated of Shelbyville/Shelby County setting. I hereby give permission for my child to be allowed Girls Incorporated of Shelbyville/Shelby County network access and certify that the information contained on this form is correct.

Parent or Guardian Name (please print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Only required for girls turning 9-12 by May, 2022**



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 at 317-392-1190.

If you would like to see the survey, a review copy is available at the front office.

Please complete the section below and return it with your registration.

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](mailto: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](mailto: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 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.

**STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM****Teen, ages 13-18****Only required for girls turning 13-18 by May, 2022**

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. at 317-392-1190.

If you would like to see the survey, a review copy is available at the front office.

Please complete the section below and return it with your registration.

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](mailto: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](mailto: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.