

# GYMNASTICS CAMP!

girls  
inc.

Girls Inc.'s gymnastics camp is a four-week journey that will help girls develop and maximize their gymnastics skills and techniques!

**Girls Inc. Members: \$25**  
**Non-members: \$40**

**April 29**

**May 6, 13, 20**

**K & 1st Grades:**

4:00 - 4:50 PM

**2nd & Up Grades:**

5:00 - 5:50 PM

Camps will take place every Friday beginning April 29 and ending May 20. The registration deadline for gymnastics is Thursday, April 28. Any registrations after this deadline, a \$5 late fee will be added and a t-shirt is not guaranteed.



## Skills Taught:

- Balance Beam
- Trampoline
- Bars
- Vault
- Tumbling
- And More!

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Phone: \_\_\_\_\_

T-shirt Size:      XS      YM      YL      AS      AM      AL      AXL



# 2022 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 # \_\_\_\_\_



## 2022 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	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

# 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 \_\_\_\_\_

## 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.

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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.