

Grow & Glow

Member Name: _____ Age: _____

Parent/Guardian 1 Name: _____ Phone: _____

Parent/Guardian 2 Name: _____ Phone: _____

Member of

☐ 2025-2026 After-School Program ☐ 2025 Summer Camp Member

Emergency Contact/Permission to Release:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Please circle what days they will be attending: M, T, W, TH, FRI or FULL WEEK

☐ Photo Release: Permission is granted for the use of publication, exhibition and distribution of any photographs, films, video, voice recordings, etc. for public relations and marketing purposes and are the sole property of Girls Inc.

☐ Permission to Participate: My child has permission to take part in all Girls Inc. of Taunton activities unless such activity is limited by a pre-identified health condition. Activities include but are not limited to roller skating, cooking, and Girls Inc. National Identity Programs.

☐ Please list an allergies or medical conditions: _____
In the event of an emergency, I hereby authorize Girls Inc. of Taunton to carry out any measure deemed necessary for my child's well-being, including securing appropriate medical treatment at the expense of the undersigned. Further, I agree to release all employees, volunteers and agents or Girls Inc. of Taunton from any and all liability or claims arising out of any such activity or emergency.

☐ Registration Fee: Weekly membership fee is \$150. This fee is due at the time of registration. Late fee: \$20 for the first 15 minutes of late pick-up and \$1/minute thereafter. I understand that I am responsible for the registration fee and any late fees for which my child is registered.

Parent Signature

Date