

2009 Girlstart Saturday Workshop Waitlist Registration Form

Girlstart Staff Use Only:
Date & Time Received: _____

All known food and/or drug allergies: _____

Any medical conditions or learning disabilities of which we should be aware: _____

Please include any medical papers necessary in case of emergency

Any medications she will be taking while in our care: _____

Non-prescription medication and prescription medication must be signed-in during camp.

STEP TWO: PAYMENT DUE WHEN TRANSFERRED OFF WAITLIST TO CAMP

STEP THREE: PERMISSION FORM

My daughter/ward, _____, has my permission to participate in the Girlstart Saturday Workshop in Austin, Texas.

I understand that as a part of Girlstart, my daughter/ward may be videotaped, audiotaped, interviewed, and/or photographed and agree to allow Girlstart to keep, as Girlstart's property, the products of such videotaping, audio taping, interviewing, and/or photographing and I agree that such material, along with my child's name may be used, and posted on the Girlstart Website, for promoting the Girlstart program and in any publicity generated by Girlstart. I also understand that my daughter/ward may be asked to do or participate in projects that may also be used by Girlstart for publication in a variety of forums including the Girlstart newsletter, website, and other publications, and that no compensation will be paid for such use.

I understand that by participating in Girlstart, my daughter/ward becomes part of a program/study concerning girls and their attitudes toward math and science. I hereby grant permission for my daughter/ward to participate in this program/study. I further understand that Girlstart will only release the information in accordance with Girlstart policies and procedures.

I understand that participating in Girlstart allows my daughter/ward no special rights or expectations regarding Girlstart, including the right to sue any party involved in the implementation and execution of the Girlstart programs. I agree to hold harmless Girlstart, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree not to sue Girlstart, their agents and employees for any actions or causes of action, including the negligence of Girlstart arising out of participation in this program.

Parent/Guardian Signature

Date

During the hours that Girlstart is in session, I, _____, can be reached at _____ (cell) or _____ (home). If I cannot be reached in the event of an emergency, the following adults are authorized to act in my behalf:

Name: _____ Relationship to girl: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If neither the authorized persons designated above nor I can be contacted in the event of an emergency, I authorize the adults in charge at the Girlstart program to contact the physician below at my expense for whatever treatment the attending physician recommends. I have notified Girlstart of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself.
(Please print the doctor's full name below.)

Name: _____ Phone: _____

Address: _____

Signed: _____ (Parent or Guardian)