

Entered by: _____
Date entered: _____



Budlong Elementary School
Thursdays 3:15- 4:45
Starts 1/24/2018

2018 – 2019 PROGRAMMING INTAKE FORM

PROGRAM OF INTEREST (Check ALL that apply)

- Girls in the Game After School: Middle School Program (6th-8th)** **Summer Camp 2019** **Spring Break Clinic**
 Girls in the Game After School: Elementary Program (3rd-5th) **Girls in the Game: Teen Programs**

How did you find out about us?

- phone call postcard flier or poster in school/ park teacher or school staff person Girls in the Game coach
 have participated in Girls in the Game before website (if so, which site?) _____ other _____

PARTICIPANT INFORMATION

Name of Participant _____ Date of Birth _____ Age _____
Race: (circle one) African-American Asian Caucasian Hispanic/Latina
Middle Eastern Multiracial Native-American Other: _____
Shirt Size: (circle one) Adult or Youth - (circle one) S M L XL Shoe Size: _____
Participant’s Email _____ Participants Cell Phone _____

SCHOOL INFORMATION

Name of Participant’s School _____
School Address _____ School Phone _____
Teacher/Homeroom _____ Year/Grade _____
Does participant receive free or reduced lunch at school? YES NO

FAMILY INFORMATION

Name of Parent/Primary Guardian(s) _____
Relationship _____ Primary Language Spoken _____
Address of Participant _____ Zip Code _____
Primary Phone _____ Secondary Phone _____
Parent/Primary Guardian(s) Email _____
 Check here if you would **not** like to be added to Girls in the Game’s mailing list.
Best Way to Contact: Phone Email Mail (circle one)

EMERGENCY CONTACT (must be someone other than the parent or guardian named above):

Name _____ Relationship _____
Address _____ Zip Code _____
Phone (**REQUIRED**) _____ Primary Language Spoken _____

AUTHORIZED PICK-UP PERSON

Please indicate any/all individuals who are allowed to pick up participant, only authorized pick up people will be allowed to pick up participants. Authorized pick up people will need to sign-out participant with a Girls in the Game staff member at the end of each program session.

Name of first Authorized Pick-up Person



PLEASE TURN OVER!

Name of second Authorized Pick-up Person

OR

My daughter, _____, is allowed to walk home herself from programming.

MEDICAL INFORMATION

Name/Phone # of Participant's Doctor or Clinic _____

Name of Insurance Company _____ Policy # _____

This participant takes medication (circle one): YES NO

List all medications (with doses/times taken) that are prescribed to the participant:

This participant has allergies to food /other products (circle one): YES NO

If yes, describe:

Describe all medical conditions or other special needs:

General and Medical Release

For good consideration, including the privilege of participating in programming with Girls in the Game from July 2018 - June 2019, the undersigned hereby releases Girls in the Game, program partners, respective officers, directors, agents and employees from all liability, claims, demands, actions, losses or obligations of whatever nature, at law, in equity or otherwise whatsoever, arising out of, or related in any manner to the undersigned child's participation in any Girls in the Game programs and activities. In signing the foregoing release, the undersigned hereby acknowledges and represents that he/she has read the foregoing release, understands it, and signs it voluntarily as the authorized parent/ guardian grants permission for child to participate in, travel with and receive any needed medical care required while in programming with Girls in the Game. In addition to the foregoing release and in no way in limitation thereof, in the event of a medical emergency, I hereby authorize Girls in the Game and its chosen medical professionals to obtain medical care, treatment or hospitalization for my child. I understand that I am responsible for all costs/payments associated with her medical care. To the best of my knowledge, I confirm my child is in good physical health and no condition exists preventing her from safely participating in the program.

Photo and Information Release

I give Girls in the Game my free and unlimited consent to use, broadcast or publish with or without identification of me or my family by name, all photographs, videotapes, films or interviews that are taken or recorded in connection with or in any way related to Girls in the Game programs and activities. I also give my permission to Girls in the Game to authorize any newspaper, company or other organization to use, broadcast or publish above named materials.

Program Evaluation Consent

I understand that during July 2018- June 2019, Girls in the Game will be conducting a comprehensive research evaluation, with the help of outside research schools/organizations, of all programs and services of the Girls in the Game organization. My daughter may be asked to complete a questionnaire or to participate in a focus group about her likes and dislikes of the program or to obtain other information relating to the impact of sports and fitness on the overall well-being of involved participants. I understand that grades, attendance and other school related information may be supplied to Girls in the Game by my daughter's school/program. All information so received by Girls in the Game will remain confidential, including my daughter's name and other identifying information unless I grant further permission.

I, parent/guardian of above participant, give permission for my child to participate in GIRLS IN THE GAME programs and understand all above releases and disclaimers. I understand that staff will be in communication with me about my child's involvement with GIRLS IN THE GAME and that I can contact the agency at any time to communicate regarding my daughter's participation.

Parent/Guardian Signature _____ Date _____

Checking this box and providing an identification number is optional. This information may be used to secure city support for Girls in the Game: I (parent or guardian or participant) am a Chicago Housing Authority Resident. If yes, my resident identification number is: _____.

