

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**  
*Membership fees are not refundable.*

Today's Date: \_\_\_\_\_

DEVELOPMENT CENTER \_\_\_\_\_ EMMA LOZIER CENTER \_\_\_\_\_

**MEMBER INFORMATION:**

Girl's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Special medical conditions, illness, diseases, or allergies:

Yes       No

If yes, please explain (include list of medications currently being taken and/or taken on a regular basis, and whether an inhaler is used):

\_\_\_\_\_  
 \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

**I Am Her Parent/Guardian** (please circle one): MOTHER FATHER FOSTER PARENT OTHER: \_\_\_\_\_

My Name: \_\_\_\_\_ Total Number Living in Household: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Parent/Guardian** (please circle one): MOTHER FATHER FOSTER PARENT OTHER: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY\*:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Use the back of this sheet to list additional individuals for Emergency Contacts.

**THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER\* (MUST BE 18 OR OLDER):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* At least two non-parental individuals are required for Pick-Up. Use the back of this sheet to list additional individuals for Pick-Up or Emergency Contact.

**FOR OFFICE USE ONLY:**

Staff - App Review 1	Staff - App Review 2	Age Group	Transport?	Photo?	Banking?	Medical Treatment?	Asthma?	Names on Back?	General Field Trip?
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# GIRLS INCORPORATED OF OMAHA MEMBERSHIP REGISTRATION FORM

## FOR OFFICE USE ONLY:

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<input type="checkbox"/> PIF	_____	_____	_____	<input type="checkbox"/> PP	_____	_____	_____
<input type="checkbox"/> SCH	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> TT	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> OTH	_____	_____	_____		_____	_____	_____

## IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER (MUST BE 18 OR OLDER):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**WEATHER / EMERGENCY CANCELLATION PROCEDURE**

*The information on this page will be shared with your child's school.*

\_\_\_\_\_

*Name of Girl*

\_\_\_\_\_

*Date of Birth*

\_\_\_\_\_

*Age*

\_\_\_\_\_

*Name of School*

\_\_\_\_\_

*Grade*

In cases of extreme weather conditions or other emergencies, Girls Inc. may deem it necessary to close early or not provide transportation to or from our sites. Girls Inc. follows the Omaha Public School guidelines; if OPS is closed due to extreme weather, Girls Inc. will be closed.

If Girls Inc. deems it necessary to close after the school day has begun, Girls Inc. will call the schools to inform the girls. **Be sure your girl(s) know what to do in this situation.**

**IMPORTANT: This information is required. Please be specific and list more than one option:**

If Girls Inc. calls the school to inform my girl(s) that Girls Inc. is closed, my girl(s) knows she should:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Other Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

There may be other times when Girls Inc. must close even though schools are open. These situations may include but are not limited to: a burst pipe, no heat, no electricity in the building, etc. In this event, the weather/emergency protocol listed above will be in effect.

**GIRLS INCORPORATED OF OMAHA  
MEMBERSHIP REGISTRATION FORM**

**PARENT / GUARDIAN PERMISSION FOR COPIES OF SCHOOL RECORDS\***

<i>Name of Girl</i>	<i>Date of Birth</i>	<i>Age</i>
<i>Name of School</i>	<i>Grade</i>	

**A. PERMANENT STUDENT RECORDS**

- Yes, I \_\_\_\_\_ consent to Girls Inc. using my child's official permanent records  
*Parent/Guardian Signature* (parent's name, student's name, birthdates, grade level, academic  
or level of achievement, test scores – standardized achievement and  
aptitude tests, attendance data, etc.).
- No, I \_\_\_\_\_ do not consent to Girls Inc. using my child's official permanent  
*Parent/Guardian Signature* records.

**B. IMMUNIZATION RECORDS CONSENT**

- Yes, \_\_\_\_\_ give my consent for Girls Inc. to obtain my child's immunization  
*Parent/Guardian Signature* records from her school.
- No, I \_\_\_\_\_ do not give my consent for Girls Inc. to obtain my child's  
*Parent/Guardian Signature* immunization records from her school. Instead, I will provide a copy  
for Girls Inc.'s files.

\_\_\_\_\_/\_\_\_\_\_  
*Date Records Provided to Girls Inc. / Staff Initials*

*\* The information on this page will be shared with your child's school.*

## GIRLS INCORPORATED OF OMAHA MEMBERSHIP REGISTRATION FORM

### PLEASE CHECK ALL BOXES THAT APPLY:

- My child:     Wears contact lenses             Is an inexperienced swimmer – shallow end only  
                   Is colorblind                                     Is an experienced swimmer – let her go in the deep end

*The following information is confidential and used only for statistical purposes.*

- |  |   |
|--|---|
| Race: <input type="checkbox"/> American Indian/Native American | My child lives with: <input type="checkbox"/> 2 Parents     |
| <input type="checkbox"/> Black/African American                | <input type="checkbox"/> Mother Only                        |
| <input type="checkbox"/> Hispanic/Latino                       | <input type="checkbox"/> Father Only                        |
| <input type="checkbox"/> White/European Descent                | <input type="checkbox"/> Foster Parent                      |
| <input type="checkbox"/> Asian or Pacific Islander             | <input type="checkbox"/> 1 Parent at a Time (Joint Custody) |
| <input type="checkbox"/> Multiracial                           | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Other: _____                          |   |

- |   |  |  |  |
|---|--|--|--|
| Income: <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$20,000 - \$25,000 | <input type="checkbox"/> \$35,000 - \$40,000 | <input type="checkbox"/> \$50,000 - \$60,000 |
| <input type="checkbox"/> \$10,000 - \$15,000    | <input type="checkbox"/> \$25,000 - \$30,000 | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> Over \$60,000       |
| <input type="checkbox"/> \$15,000 - \$20,000    | <input type="checkbox"/> \$30,000 - \$35,000 |  |  |

- Main Language Spoken At Home:     English             Spanish             Other \_\_\_\_\_

### DIVERSITY

Girls Inc. of Omaha has (and celebrates!) a very diverse group of members. If there any cultural or religious beliefs that may impact your daughter’s activity participation or choices at Girls Inc., please let us know so we can provide alternate activities:

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Does your daughter have any religious dietary restrictions?\*\*\* Please let us know and we will make every attempt to accommodate them. We will also let you know when we are unable to do so.

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\*\*\* We do attempt to maintain a pork-free diet for girls who request this. Please know that pork and pork by-products are “hidden” in many seemingly vegetarian prepared foods (pudding, Rice Krispie Treats, McDonald’s sesame seed buns, Nacho Cheese Doritos, Hostess cupcakes, Kraft Singles Cheese slices, Starburst Gumi candies, Hot Cheetos, and **many** more products). We do our best to educate ourselves about these products but it is difficult to know all of the “unclean” products when it comes to pork. Please help us by educating your daughter about her food choices and letting us know if we inadvertently serve a “pork” product.

**GIRLS INCORPORATED OF OMAHA**  
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**EMERGENCY MEDICAL TREATMENT**

**A. GENERAL**

In the event emergency medical aid or treatment is required for my child due to illness or injury during Girls Inc. activities, I authorize Girls Inc. to:

1. Secure and retain medical treatment and transportation if needed
2. Release my child's records upon request to the authorized individual or agency involved in the medical emergency treatment
3. Implement emergency response to life-threatening asthma or systemic allergic reactions as described in section B.

This authorization includes, but is not limited to, x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

Yes, I \_\_\_\_\_ give my consent for emergency medical aid as described above.  
or *Parent/Guardian Signature*

No, I \_\_\_\_\_ do not give my consent for emergency medical treatment/aid for my child in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required for my child, I wish the following procedures to take place:

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**B. TREATMENT OF SYSTEMIC ALLERGIC REACTION OR ASTHMA**

Yes, this girl is at risk of an asthma attack. If Yes, parents are required to submit an Asthma Action Plan. The Asthma Action Plan submitted for schools is acceptable. Talk to the Director of Operations or the Center Director if you have questions or need more information about Asthma Action Plans.

Yes, this girl is at risk for an allergic reaction such as: *(mark any reactions she has had in the past)*

- Hives       Swelling       Asthma attack  
 Anaphylaxis       Other: \_\_\_\_\_

She has a history of an allergic reaction to

Foods: *(mark any that apply)*

- Peanut       Nut       Egg       Soy       Wheat  
 Fruits       Milk       Other: \_\_\_\_\_

And/Or: *(mark any that apply)*

- Animals       Insect stings       Outdoors       Other: \_\_\_\_\_

**GIRLS INCORPORATED OF OMAHA**  
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**DINNER**

During the school year, once our evening meal begins we will not page girls to the front desk between 5:30pm to 6:00pm. You may choose to place your daughter on the **No Dinner** list in which case you may pick her up any time between 5:30pm and 7:00pm. If a girl regularly throws her tray of food in the trash, Girls Inc. will place her on the **No Dinner** list. Girls on the **No Dinner** list will have access to board games or books during the half hour that dinner is served. They may also do homework.

- Yes, I \_\_\_\_\_ agree that my daughter will eat dinner regularly. I will call if there is an exception. I will pick her up after 6:00pm. If I come earlier than 6:00pm, I will wait to pick her up until dinner is finished.  
*Parent/Guardian Signature*
- or
- No, I \_\_\_\_\_ want my daughter on the no dinner list.  
*Parent/Guardian Signature*

**PARENT / GUARDIAN CONSENT**

**A. RELEASE & AGREEMENT**

My child is joining Girls Inc. with my consent. I hereby release Girls Inc., its Board of Directors, agents, contractors, and employees from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and/or assisting with any Girls Inc. activities, or b) designated Girls Inc. personnel administering emergency medical treatment as authorized in Section A and B above.

- Yes, I \_\_\_\_\_ have read and understand the Release & Agreement information.  
*Parent/Guardian Signature*

**B. TRANSPORTATION CONSENT**

Girls Inc. provides transportation from area schools to the Center and/or for field trips.

- Yes, I \_\_\_\_\_ consent to my child riding on Girls Inc. transportation  
*Parent/Guardian Signature*
- or
- No, I \_\_\_\_\_ do not consent to my child riding on Girls Inc. transportation.  
*Parent/Guardian Signature*

**C. SAVINGS ACCOUNT CONSENT**

In an effort to promote financial literacy, Girls Inc. partners with Wells Fargo to establish savings accounts for Girls Inc. members. Members will be able to make weekly deposits into their accounts. Guidelines for the accounts are as follows:

- Girls can make deposits on a weekly basis.
- Girls Inc. will maintain the account until members are 18 and/or graduated from high school. At this time, members may withdraw all monies in the account.
- Girls are not able to withdraw or deposit funds at Wells Fargo branches – Girls Inc. maintains the accounts and they are administered by the Director of Finance.

- Yes, I \_\_\_\_\_ have read the guidelines listed above and understand the program and consent to my child participating in the savings account program.  
*Parent/Guardian Signature*
- or
- No, I \_\_\_\_\_ do not consent to my child participating in the savings account program.  
*Parent/Guardian Signature*

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**D. PHOTOGRAPHY / NAME CONSENT**

Girls Inc. believes a picture is worth a thousand words and may utilize photographs/video of the girls and/or their names in promotional materials about Girls Inc. programs such as in the Girls Inc. newsletter, the Girls Inc. website, articles in **The Omaha STAR**, **Omaha World-Herald**, on **FaceBook**, or on **YouTube** or in any other way Girls Inc. in its discretion desires to use them.

Yes, I \_\_\_\_\_ consent to Girls Inc. utilizing photographs/video of my child and/or  
or *Parent/Guardian Signature* her name in promotional materials about Girls Inc. programs.

No, I \_\_\_\_\_ do not consent to Girls Inc. utilizing photographs/video of my child  
*Parent/Guardian Signature* and/or her name in promotional materials.

**E. PARTICIPATION IN GIRLS INC. PROGRAMS CONSENT**

I believe the programs Girls Inc. provides are important to the educational, physical, social, and emotional development of my daughter. I believe she will learn important life skills. I believe she will have experiences and opportunities that I want her to have. I understand that in order to preserve the programming hour during the school year, Girls Inc. will not regularly page girls to the front desk for pick up between 4:30 pm and 5:30 pm. If my daughter occasionally has a doctor's appointment or a special after school lesson, I will make prior arrangements by telephone or written note in order to pick her up between 4:30 and 5:30.

Yes, I \_\_\_\_\_ have read and understand the Participation in Girls Inc. Programs  
or *Parent/Guardian Signature* information.

No, I \_\_\_\_\_ must regularly pick my daughter up between 4:30 and 5:30 p.m. The  
*Parent/Guardian Signature* Center Director and I have agreed to and signed an individual schedule plan for my daughter.

**F. PARTICIPATION IN FIELD TRIPS CONSENT**

From time to time, Girls Inc. receives last minute tickets or admissions to local museums or events and we would like to take every advantage of these great opportunities. Other times, girls who sign up for a field trip might not show up and precious seats are left vacant. We would like to be able to fill those seats. If you sign below, you give permission for your daughter to attend these field trips without a specific permission slip. If you sign permission below, and on a given day your daughter should not attend an unscheduled field trip due to a doctor's appointment or other conflict, it will be your responsibility to call us and let us know.

Yes, I \_\_\_\_\_ give my consent for my daughter to participate in last minute field  
or *Parent/Guardian Signature* trips and activities.

No, I \_\_\_\_\_ do not give my consent for my daughter to participate in last minute  
*Parent/Guardian Signature* field trips and activities.

**G. RULES & REGULATIONS FOR MEMBERS**

Girls Inc. strives to offer a safe and positive environment. It is essential that members follow the Girls Inc. rules and the direction of staff at all times.

Yes, I \_\_\_\_\_ agree that Girls Inc.'s rules for members are important. I will review  
*Parent/Guardian Signature* the Membership Handbook's basic rules for the Center, Transportation, the Computer Labs, and the Science Lab with my daughter.

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**H. PARTICIPATION IN REPRODUCTIVE HEALTH PROGRAMS CONSENT**

I want my daughter to have access to medically accurate information about reproductive health and sexuality. I give permission for her to participate in age-appropriate health programs at Girls Inc. delivered by trained professionals on the Girls Inc. staff as well as from community partners such as UNMC, Planned Parenthood, Nebraska AIDs Project, and Douglas County Health.

Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

No: \_\_\_\_\_  
*Parent/Guardian Initial*

I want to be invited to parent/daughter programs about reproductive health and sexuality.

Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

No: \_\_\_\_\_  
*Parent/Guardian Initial*

I want my daughter to have access to local health clinics for reproductive health services (which may include STD testing, prescriptions for contraception, preventative health checkups and PAP smears). I give permission for Girls Inc. staff to transport my daughter to local clinics (Charles Drew, One World, or Planned Parenthood). I understand that Girls Inc. will not inform me if my daughter chooses to request Girls Inc. transportation to a local clinic.

Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

No: \_\_\_\_\_  
*Parent/Guardian Initial*

If my daughter chooses to be sexually active despite my counsel (and that of Girls Inc.) to delay sexual activity, I want my daughter to have access to contraception at Girls Inc. I give Girls Inc. staff permission to distribute condoms to my daughter. I understand that Girls Inc. will not inform me if my daughter chooses to request condoms at Girls Inc.

Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

No: \_\_\_\_\_  
*Parent/Guardian Initial*

I understand that I can change my response to any or all of the above items by submitting my request in writing to Girls Inc. staff with a current date and my signature.

My Daughter's Name: \_\_\_\_\_

My Name: \_\_\_\_\_

My Signature: \_\_\_\_\_

Date: \_\_\_\_\_

