



**Girls Incorporated of
St. Louis
3801 Nelson Dr. St.
Louis MO 63121
(314)-385-8088**



{Member/Child's Information}

Name: _____ Date of Birth: ___/___/___ Age _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone# : (____) ____ - ____ School: _____ Grade this fall: _____

Sister(s) in Program: _____

Are you a new member? _____ or returning Girls Inc. member _____?

{Parent/Guardian's Information}

Mother's Name: _____ Home Phone#: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone#: (____) _____ - _____ ext. _____

Cell Phone# : (____) ____ - ____ E-Mail Address: _____ @ _____

Father's Name: _____ Home Phone#: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone#: (____) _____ - _____ ext. _____

Cell Phone#: (____) ____ - ____ E-Mail Address: _____ @ _____

Guardian's Name: _____ Home Phone#: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone#: (____) _____ - _____ ext. _____

Cell Phone# : (____) ____ - ____ E-Mail Address: _____ @ _____

Member's Name: _____

{Girls Incorporated of St. Louis Health History Form}

If custodial parents/guardian is not available in an emergency, please notify:

1) Name: _____

Relationship to Participant: _____

Day Phone #: _____ Evening Phone#: _____

Cell Phone #: _____ Pager/Other: _____

2) Name: _____

Relationship to Participant: _____

Day Phone#: _____ Evening Phone#: _____

Cell Phone#: _____ Pager/Other: _____

{Physician Information}

Physician's Name: _____ Phone #: _____

Physician's Address: _____

Dentist/Orthodontists Name: _____ Phone #: _____

Dentist /Orthodontists Address: _____

Is your child currently under a physician's care? Yes ____ or No

If yes, please explain: _____

{Insurance Information}

Is the participant covered by family's medical/hospital insurance? Yes ____ or No ____

If yes, indicate:

Carrier or Plan Name: _____ Group Number: _____

Name of Insured: _____ Relationship to Participant: _____

Girls Incorporated is not responsible for providing members full insurance coverage. Girls Inc. provides secondary insurance which will cover usual and reasonable charges for sickness and accident treatment during program. It does not eliminate the need for individual insurance for primary coverage.

{General Health Questions} : Has/does the participant:

- | | | |
|--|--|---|
| <input type="checkbox"/> Have a chronic or recurring illness/ condition? | <input type="checkbox"/> Have hearing problems/ hearing aid? | <input type="checkbox"/> Ever had surgery? |
| <input type="checkbox"/> Had any recent injury, illness, or infection disease? | <input type="checkbox"/> Ever been hospitalized? | <input type="checkbox"/> Ever had seizures? |
| <input type="checkbox"/> Ever been knocked unconscious? | <input type="checkbox"/> Ever had high blood pressure? | <input type="checkbox"/> Have Diabetes? |
| <input type="checkbox"/> Wear glasses, contacts or protective eyewear? | <input type="checkbox"/> Ever had back problems? | <input type="checkbox"/> Have Asthma? |
| <input type="checkbox"/> Ever passed out during or after exercise? | <input type="checkbox"/> Ever had frequent ear infections? | <input type="checkbox"/> Had or have a Hernia? |
| <input type="checkbox"/> Ever been dizzy during or after exercise? | <input type="checkbox"/> Have problems sleepwalking? | <input type="checkbox"/> Ever had a head injury? |
| <input type="checkbox"/> Ever been diagnosed with a heart murmur? | <input type="checkbox"/> Have sickle cell anemia or trait? | <input type="checkbox"/> Have frequent headaches? |
| <input type="checkbox"/> Ever had problems with joints | <input type="checkbox"/> Had or been exposed to TB? | <input type="checkbox"/> Had Chicken Pox? |
| <input type="checkbox"/> Ever had problems with Diarrhea/constipation? | <input type="checkbox"/> Had problems with Kidney/Urine? | <input type="checkbox"/> Have a Deformity? |
| <input type="checkbox"/> Have history of bed-wetting? | <input type="checkbox"/> Have abnormal menstrual history? | <input type="checkbox"/> Have any skin problems? |
| <input type="checkbox"/> Had reaction to prescribed drugs? | <input type="checkbox"/> Had mononucleosis in the past year? | |
| <input type="checkbox"/> Have allergies, including insect bites? | <input type="checkbox"/> Had reaction to prescribed drugs? | |

Please explain all above checked items, and describe all other health conditions, injuries, prior events, and circumstances that may affect or be relevant to participation in activities or medical treatment; attach an extra sheet if necessary.

{General Health Questions Cont'd}

DISEASES: Check any of the following the participant has or had:

Chicken Pox Scarlet Fever Measles Whooping Cough Mumps Polio

Rheumatic Fever Other: _____

Details on any of above _____

IMMUNIZATION RECORD: Give year of each inoculation, if known. If the participant has not been inoculated against the disease or condition write "none" in the space.

Diphtheria Smallpox Polio Tetanus Typhoid

Rubella Tuberculosis Test Whooping Cough Other

{ALLERGIES}

List all known allergies to medication, food, plants and animals. Describe reaction and management of the reaction. Please request and complete a copy of the *Severe Allergy Health Care Plan*.

{RESTRICTIONS}

Please list any dietary restrictions for this participant: (Please list any restrictions to activities, such as strenuous activity, running, etc.)

{MENSTRUATION}

Has this participant menstruated? Yes or No

If no, has she been told about it? Yes or No

{Medications Being Taken}

Please list **ALL** medications (including over the counter or non-prescription drugs) taken routinely.

*Bring enough medication to last the entire program (**summer only***). Medications must be in their original bottle/container that identifies the prescribing physician (if prescription), the name of the medication, the dosage and frequency of admission.

_____ This participant takes **NO** medications on a routine basis.

_____ This participant takes routine medication.**

** If checked; Please request and complete a Respiratory Health Care Plan.

Use this space to provide any additional information about the participants behavior and physical, emotional or mental health:

{Consent to Medical Treatment}

To the best of my knowledge, my child _____ is in good physical condition and I am not aware of any physical infirmity which would place my child at risk to participate in any way with the Girls Inc. Program activities. I am fully aware of risks and hazards connected with Girls Inc. Program. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child, or any loss or damage to property owned by my child, as a result of being engaged in the Girls Inc. Program, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my child's participation in the Girls Inc. Program in, WHETHER CAUSED BY NEGLIGENCE OF RELEASEE or otherwise.

I hereby give permission for the staff of Girls Incorporated of St. Louis to administer appropriate medical attention to my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive and my heirs, assigns and personal representative, if I am deceased and shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above-name RELEASEE. I hereby further agree that this Wavier of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Missouri. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen(18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name: _____
Date: _____

Parent/Guardian printed name: _____
Signature: _____

Date: _____

**** This complete form may be photocopied for trips away from the Girls Inc.Center.****

{Dismissal Information}

Please check all that apply:

For daily dismissal, my child: ____ will walk home after the daily sessions.

____ must be dismissed to an adult listed below or custodial parent/guardian.

MY CHILD MAY BE DISMISSED TO: (please add names other than primary caregiver(s))

Name: _____ Relationship to Member: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: (____)____-____ Cell Phone#: (____)____-____

Name: _____ Relationship to Member: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: (____)____-____ Cell Phone#: (____)____-____

{Demographic Information}

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

____ African-American/Black	____ \$0-\$9,999	____ Both Parents
____ Caucasian/White	____ \$10,000-\$14,999	____ Mother Only
____ Hispanic	____ \$15,000-\$19,999	____ Father Only
____ Asian	____ \$20,000-\$29,999	
		____ Other
____ Native-American	____ \$30,000-\$39,999	(please list) _____
____ Other	____ \$40,000-\$49,999	_____
(Please list)____	____ \$50,000 and above	

Girls Incorporated of St. Louis

PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Girl Incorporated of St. Louis and each of its respective agents, employees, officers, directors, trustees, affiliates, representatives, independent contractors, volunteers (including consulting physicians), and all other persons or entities associated with them (collectively referred to as Girls Inc.), participant (and parent(s) or guardian(s) of a participant under the age of eighteen) acknowledge and agree as follows:

Acknowledgement and Assumption of Risks

I understand that participants and parents share the responsibility for participants' safety, for assessing the risks, and for determining the participants' suitability for the program in which she will participate. I have accurately completed any required Girls Inc. application and medical forms and have reviewed all Girls Inc. program information provided to me. I agree to obey all Girls Inc. rules, regulations, and policies (or have my child obey them). My child _____ has no mental or physical problems or limitations that might affect my child's ability to participate that have not been disclosed to Girls Inc. in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which my child will participate.

I understand and acknowledge that the program(s) in which my child will participate has risks and it is impossible to anticipate every activity in which my child will engage. The activities will depend on the program and may be physically strenuous. These activities may be instructional, educational, or recreational and may include but are not limited to: walking, running, stair climbing, lifting, throwing, pulling, climbing, cooking over/ in stoves, use of kitchen equipment and utensils, exposure to various cleaning compounds, solutions and for artistic media participation in vigorous physical activity, required for music, drama, dance, team and individual sports, step, and water play.

I understand that my child may engage in other activities not listed above. Activities may be scheduled or unscheduled, planned or unplanned, mandatory or optional, supervised or unsupervised for any reason, including inconvenience, weather, emergencies or unexpected conditions. I have the option to decline to participate in any activity.

It is impossible to know or list every risk associated with every activity. Some, but not all, of the risks my child may encounter include: unpredictable or harsh weather; lighting or poisonous insects, animals and improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants; and other natural or man-made hazards. Another risk is the potential misjudgment by Girls Inc. instructors, volunteers, other staff members, co-participants or contractors related to my child's participation, including but not limited to decisions regarding my child's physical condition and capabilities, weather, water, terrain, route or medical treatment.

I acknowledge that participating in a Girls Inc. program involves inherent risks and other risks, hazards, and dangers including some listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. I understand that Girls Inc. cannot assure my child's safety or eliminate all of these risks. I agree to assume all of the risks of the activities of my child's Girls Inc. program.

RELEASE AND INDEMNITY AGREEMENT

I release Girls Inc. from, and agree not to sue Girls Inc. for, any liability, claim, suit, or expense in any way associated with my child's participation or the use of any equipment or facilities in the Girls Inc. program. Neither I nor anyone acting on my behalf will make a claim against Girls Inc. as a result of any loss, injury, damage, or death suffered by my child. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Girls Inc. to the fullest extent allowed by law (but not for gross negligence or willful or wanton conduct) and includes claims for breach of contract of any other type of suit.

I further acknowledge and agree that my child may be transported by Girls Inc. for various activities and that I (or my child) agree to assume all risks in reaction to such transportation.

I further agree to defend and indemnify Girls Inc. (to pay or reimburse Girls Inc. for money it is required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of my child, a family member, a co-participant, or any other person for any claims related to my child's participation in the program

or my child's use of equipment or facilities, including claims that Girls Inc. instructors, staff, or volunteers were negligent. However, I do not agree to indemnify Girls Inc. for claims of gross negligence or willful or wanton conduct.

ADDITIONAL PROVISIONS

The assumption of risk, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions, which shall continue in full force and effect. Girls Inc. has permission to use my (or my child's) photo or image for sale or reproduction in any manner it desires, including advertising or display.

Girls Inc. reserves the right to remove any participant from the program. I understand that no deduction will be made from program fees for absences (including dismissal) or withdrawal before the end of the session.

Loss of Property: I understand that neither Girls Inc. nor any other released party is responsible for loss or damage to child's personal property or possessions in the absence of willful misconduct by such persons. Mobile communication devices (including cell phones) and any device with the capability of digital photography are strictly prohibited. I (or my child) understand that Girls Inc. strongly discourages participants from bringing valuables such as radios, walkmans, CD players, Ipods, CD's, gameboys and expensive jewelry. If my child brings such items, my child does so at her sole risk.

Damage to Girls Inc. or other's property: I (or my child) understand that I shall be liable for any damage to the property, facilities or vehicles of Girls Inc. or the property or facilities of others resulting in whole or in part from acts of my child.

Other: To qualify to take part in Girls Incorporated programs, I, as required, have signed and completed this agreement and the Health History Form containing authorization for medical treatment. I agree that all information contained here and in the other documents is true and correct and that Girls Incorporated and its representatives have full right and authority to rely on that information. I understand that Girls Incorporated reserves the right to reject any participant in the event that I fail or refuse to sign and execute all of the foregoing required documents. This release constitutes the final, complete and exclusive agreement between the parties with respect to its subject matter and supersedes all other agreements in regard there to. I have not relied upon any promises, warranties or undertakings other than those expressly set forth here in. This release cannot be amended or waived except by an agreement in writing, signed by authorized representative of released parties and by me and specifically referring to this release.

I have read and understand the foregoing release and accept its terms and sign voluntarily.

Participant's Name: _____

Parent/Legal Guardian Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____

Membership is a privilege, not a right. Membership may not be assigned or transferred to any other person or entity. Girls Incorporated of St. Louis reserves the right, at its discretion to deny, suspend membership or withdraw the membership of anyone for any reason at any time.