

PD _____ FA _____
REC'D _____

Girl's Night Out

Registration Form - 2009/2010



Child's Name: _____

Address, Zip: _____

Home Phone: _____ E-mail: _____

Age _____ Date of Birth: _____ Grade _____ School _____

Emergency Contact: _____ contact # _____

T-Shirt size: Youth M L / Adult S M L XL Ethnicity: _____

\$35 Registration Fee _____ Will you require financial assistance? Y N

How much do you feel you could pay toward the Girl's Night Out Registration Fee? _____

Registered Girl Scout? Y N YMCA Member? Y N Will you require transportation? Y N

I, the undersigned parent or legal guardian of the above named minor, do hereby give my consent and agree that she may participate in the Quincy YMCA programs. I understand that the YMCA, its staff, volunteers, Board of Directors, or anyone designated by the YMCA to work with participants assume no responsibility for anyone in case of any loss by accident or injury to persons or property as a result of any child using YMCA property or participating in a YMCA program and I hold same harmless for any such occurrence. I consent to my child participating in the Girls Night Out Program as well as follow all of the rules, regulations and guidelines set down by the program organizers.

I understand that she will be registering as a Girl Scout for the purposes of this program, which includes insurance coverage while participating in this activity. I understand that staff is certified in first-aid and CPR and that Safety-Wise requirements for Girl Scouting will be followed. In case of emergency, I hereby authorize Girls Night Out staff to obtain emergency medical assistance for my child.

I hereby consent to the Girls Night Out Program, the Quincy Family YMCA, and the Girl Scouts of Central Illinois, for use by you or anyone you authorize for the purpose of advertising or promotion of my name and/or portrait, picture or photograph of me, or reproduction of it in any form.

Child's Name: _____

Parents Name (please print) _____

Parents address (if different from above) _____

Contact Numbers: Day _____ Evening _____

Cell _____ Parent's email _____

Parental signature: _____ Date: _____

Return to:

YMCA, 3101 Maine Street, Quincy, IL 62301, 224-9622 OR Girl Scouts of Central Illinois, 3837 Eastlake Centre Dr., Quincy, IL 62305, 222-1030

Girls Night Out Health History

NAME OF CHILD _____ DOB _____

Health History: (Check those that apply)

Diseases

- Chicken pox
- Measles
- German measles
- Mumps

Allergies

- Animals
- Food
- Hay fever
- Insect Stings
- Medicine/Drugs
- Plants
- Pollen
- Other

Chronic or Recurring Illness

- Ear infections
- Heart defect/disease
- Seizures
- Bleeding Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorders
- Other (Specify) _____

Please describe conditions and give dates:

Operations or serious injuries _____

Hospitalizations _____

Other diseases/disabilities _____

Comments where applicable:

Fainting _____

Sleep Disturbances _____ Bed wetting _____

Menstrual Cramps _____ Constipation _____

Nosebleeds _____ Emotional Disturbances _____

Other _____

Specific activities to be encouraged: _____

Restricted: _____

Special medical or dietary regimen to be followed (specify) _____

Person to call if parent cannot be reached in case of emergency:

Name: _____ Phone _____

Name: _____ Phone _____

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me or by a physician.

Signature _____ Date _____