

# Girls Inc. Teen Program Membership Form

\*All information is private and kept confidential among staff members only

## Parent/Guardian Information

### Head of Household

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship Type: Parent Guardian Sibling Aunt Uncle Grandparent Foster Parent Other

Phone: \_\_\_\_\_

\_\_\_Is Emergency Contact \_\_\_Is Primary Emergency Contact \_\_\_Is Authorized to Pick Up

Address \_\_\_\_\_ City \_\_\_\_\_ State **MA**

Zip Code: 01901 01902 01903 01904 01905

### Emergency Contact (if different from above)

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

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

### Household Demographics

Home Language: What language do you speak most of the time at home?

English Spanish Khmer Haitian Creole Farsi

Other (please specify): \_\_\_\_\_

Family Configuration: *(please circle one)*

Two-parent Mother only Father only One parent at a time (joint custody)

Neither parent Other (please specify): \_\_\_\_\_

Family size \_\_\_\_\_ Military/Veteran Yes No

Income Level: *(please circle one)* Less than \$10,000 \$10,001-\$20,000 \$20,000-\$30,000

\$30,001-\$50,000 Greater than \$50,000 Unknown/unavailable

**girls  
inc.**

of Lynn

50 High Street | Lynn, MA 01902 | 781.592.9744 | [www.girlsinclynn.org](http://www.girlsinclynn.org)

**High School Teen Participant**

**Personal Information**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City \_\_\_\_\_ State **MA** Zip Code: 01901 01902 01903 01904 01905

Your Cell Phone #: \_\_\_\_\_ Your Email: \_\_\_\_\_

**Preferred way for us to contact you (please circle all that apply)**

Text my cell phone      Call my cell phone      Email me      Call my parents phone

**Academic Information**

Grade: 9 10 11 12      Age: 14 15 16 17 18 Over 18+

School: Classical English Tech St. Mary's KIPP PCCS Other \_\_\_\_\_

Are you currently taking English Language Learner (ELL) classes at school?

Yes      No      I'm not sure

Do you receive Free/Reduced Breakfast or Lunch at School? Y N

Special Education Services/IEP plan or 504 plan (please describe the type of services you currently receive): \_\_\_\_\_

**Medical Information**

Do you have any allergies? No Yes if yes, please list \_\_\_\_\_

Medications: \_\_\_\_\_

Disabilities: (please circle all that apply) learning      Developmental      Visual      Hearing      Mobility

Hidden Health      Mental Health      Other \_\_\_\_\_

**Racial/ethnic profile:** Black/African American      Latin/Hispanic/Latin American      Multiracial/Mixed Heritage  
European American      White/Anglo      Asian American/Pacific Islander

**Home Language: What language do you speak most of the time at home?**

English      Spanish      Khmer      Haitian Creole      Farsi

Other (please specify): \_\_\_\_\_

## Participant Survey

### Please circle which words describe you:

Quiet friendly easy going energetic talkative patient cooperative loud funny  
 hard worker smart like being part of a group independent leader healthy open to  
 new experiences successful nature loving athletic enjoys math artistic enjoys  
 computers special physically active strong curious crazy capable confident  
 creative enjoy performing like to be challenged like to read bold good listener

### Current hobbies:

Growing things art dance sports:\_\_\_\_\_ adventure cooking  
 reading computers television writing movies shopping puzzles board  
 games arts & crafts acting/ attending plays singing music video games  
 building things hiking drawing painting running playing an instrument jump  
 rope/Double Dutch animals travel design

### How did you hear about Girls Inc.?

My friend/relative comes here\_\_\_\_\_

I heard about it at school\_\_\_\_\_

My parents heard about it\_\_\_\_\_

I heard about it at an event\_\_\_\_\_

Other: \_\_\_\_\_

I used to attend when I was younger ~please check: \_\_ Elementary \_\_ Middle School

# Girls Incorporated of Lynn

## Teen Programs Agreements

***I understand that Girls Inc. has high expectations of me therefore as a member of the teen programs, I agree to do the following:***

- I will respect the rights, dignity and personal space of other people.
- I will respect property. I will be responsible for any damage or destruction of property that I cause.
- I will not participate in illegal activities while on Girls Inc. premises. (*Illegal activity includes alcohol, drugs, theft, weapons, harassment, cyberbullying, etc.*)
- I will not use words, body language, or actions that disrespect, dismiss, or hurt other people.
  - No obscenities; no “put downs,” no name calling, no teasing.
  - No intimidation, harassment, physical aggression, bullying, rough play, or violence.
  - No violence in language or actions.
- I will listen to Teen Program staff and follow their directions.
- I agree to work on schoolwork while in the Learning Center. If I have no homework I understand I can read, apply and/or research colleges/scholarships, or in a staff approved alternative activity.
- While in the Learning Center, I will respect that other girls may need a quiet space to do their homework and will keep the noise level down and help to remind others to do the same.
- I will sign in and out of the homework log (located above the laptop cart).
- I will ask the staff and tutors for help when I need it.
- I will use the computers and Internet responsibly during academic time with the staff’s permission.

***I understand that if I violate the Agreements, consequences will follow.***

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**Member’s Signature**

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**Date**

## Girls Incorporated of Lynn Teen Programs Waivers and Permission

1. I hereby give my permission for (*Name of girl*) \_\_\_\_\_ to participate in all of the activities at Girls Incorporated, including sports and athletic activities (such as basketball, canoeing, rock climbing, soccer, swimming and ropes course), community projects and personal development activities (teen health, lifestyle, sexuality, identity and community issues). I grant my permission for her to go on outings and field trips off site transported and chaperoned by authorized Girls Incorporated staff/volunteers. I hereby release Girls Incorporated of all responsibility other than reasonable care.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

2. I hereby authorize Girls Incorporated to photograph my daughter for the purposes of publication in newspaper, magazines, and other printed or electronic/social media such as the Girls Inc. web site, Facebook page, Twitter, Instagram or broadcast by television for the purpose of promotion of Girls Incorporated activities.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

3. I authorize Girls Incorporated to carry out any measures deemed necessary should an emergency occur. These measures may include administration of first aid and/or CPR by Girls Incorporated staff; transportation to the nearest medical facility; and/or securing, at the expense of the undersigned, appropriate medical treatment for (*Name of girl*) \_\_\_\_\_.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

4. I hereby release Girls Incorporated, its employees and agents, from any and all liability or claims arising out of the girls' named above engagement in the above-described events.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

5. I hereby grant Girls Incorporated of Lynn permission to contact my daughter's teachers and to receive copies of her report card and/or IEP plan in order to assess her academic status and assist her where needed academically. I understand the information shared between her teachers and Girls Incorporated staff regarding her academic progress will be kept confidential.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

6. I give my daughter permission to take Tylenol/Ibuprofen \_\_\_\_ Yes \_\_\_\_ No

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

7. My daughter: \_\_\_\_ Knows how to swim \_\_\_\_ Does **NOT** know how to swim

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Girls Incorporated of Lynn**

**Consent for the Obtaining Reproductive Health and Family Planning Services**

Girls Inc. of Lynn maintains a central source of referral information. The referral information shall include educational resources, local social service agencies, mental health clinics, medical and reproductive health and family planning services available to all youth.

In the event a youth tells the program director or designee that she has been or is considering becoming sexuality active, Girls Incorporated may refer the youth to a local health care facility for services, (birth control, protection...) A referral to reproductive health and family planning services **does not, by law, require parental consent.** A Girls Inc. of Lynn program director or designee may, at her discretion, notify a youth's parent/guardian based on what is in the best interest of the youth. If necessary, the program director or designee will offer assistance to the teen in contacting the referral agency. However, staff of health care facility may not notify parents if a child seeks services.

In the event a youth request that program director or designee accompany them to the health care facility Girls Inc. does require parental permission, but may not notify parent/guardians.

Please indicate below whether **you grant or deny permission** for the program director or designee **to accompany your daughter** \_\_\_\_\_ to a health care facility in order to receive services.

**To GRANT permission please check all three statements and sign below.**

\_\_\_ I am aware that by signing this consent form Girls Incorporated staff may bring my daughter to a health facility **without** notifying me.

\_\_\_ I am aware that my daughter's decision to start birth control and what type of birth control she chooses is a decision that will be made between my daughter and the physician at the health care facility.

\_\_\_ I grant permission for Girls Inc. Program Director or Designee to bring my daughter to a local health care facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**To DENY permission please check the statement and sign below.**

\_\_\_ I deny permission for Girls Inc. Program Director or Designee to bring my daughter to a local health care facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date