

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

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

High School Teen Participant

Personal Information

original start date _____

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): _____

Internet use? Yes NO

Previously Attended Girls Inc.? No Yes grade (s) _____

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.

Member's Signature

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 grant her permission to participate to all program evaluation, including surveys and focus groups. 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