

**MEMBERSHIP FORM**  
**GIRLS INCORPORATED OF THE GREATER CAPITAL REGION**

**ADMINISTRATIVE OFFICE: 962 ALBANY ST., SCHENECTADY, NY 12307 • PHONE: 518-374-9800**

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GIRL'S LAST NAME: \_\_\_\_\_ GIRL'S FIRST NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CELL/PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

OTHER PARENT/GUARDIAN'S NAME: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

EMERGENCY CONTACT PERSON #1: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT GIRLS INCORPORATED®? \_\_\_\_\_

MEDICAL INFORMATION Please list any medical condition we should be aware of: \_\_\_\_\_

LIST ALL DAILY MEDICATION: \_\_\_\_\_ INSURANCE CARRIER: \_\_\_\_\_

PLEASE LIST ANY DISABILITIES (Learning, Developmental, Emotional, Visual, Hearing, Mobility, Multiple, etc.): \_\_\_\_\_

**The following information is required for reporting to funding sources: Information remains confidential**

**YEARLY HOUSEHOLD INCOME:** \$ \_\_\_\_\_ **NUMBER OF PEOPLE LIVING IN HOME:** \_\_\_\_\_

**WHOM THE MEMBER LIVES WITH:** BOTH PARENTS: \_\_\_\_ MOTHER ONLY: \_\_\_\_ FATHER ONLY: \_\_\_\_ JOINT CUSTODY: \_\_\_\_

IF NEITHER PARENT (PLEASE LIST WHOM THE CHILD LIVES WITH): \_\_\_\_\_

**FOSTER CARE: (PLEASE CHECK ONE):** YES \_\_\_\_ NO \_\_\_\_

**RACE:** BLACK/AFRICAN AMERICAN: \_\_\_\_ WHITE/EUROPEAN AMERICAN: \_\_\_\_ HISPANIC/LATINA: \_\_\_\_

NATIVE AMERICAN/AMERICAN INDIAN: \_\_\_\_ MULTIRACIAL/MULTIPLE/BIRACIAL HERITAGE: \_\_\_\_ OTHER: \_\_\_\_\_

**HOME LANGUAGE (OTHER THAN ENGLISH):** SPANISH: \_\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_

**TREATMENT CONSENT:** I hereby grant permission for my daughter to become a member of Girls Incorporated of the Greater Capital Region. I authorize a staff member of said organization consent to medical treatment at any health care facility as necessary to preserve the health of my child.

INITIALS: \_\_\_\_\_

**FIELD TRIP CONSENT:** I give my consent for my child to participate in field trips and neighborhood outings arranged and supervised by the staff of said organization, and therefore allowing my child to be transported by vehicle or walking (with adult supervision in order to arrive at the destination).

INITIALS: \_\_\_\_\_

**PHOTOGRAPH CONSENT/SOCIAL MEDIA:** I give my permission for my child to be photographed, filmed and/or recorded during Girls Incorporated activities for in-house and/or news purposes. I understand that her picture and voice may be used on the Girls Incorporated literature and social medias. INITIALS: \_\_\_\_\_

**ATTENDANCE POLICY:** I acknowledge that if we do not follow the guidelines of the attendance policy, my child will forfeit her spot at the Girls Inc. INITIALS: \_\_\_\_\_

**I have read and understand all provide information (Parent Information Form, Membership Form, Liability Waiver, SMART contract, Internet Calendar)Contract,**

**I have read and answered all information to the best of my knowledge.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ADMINITSTRATION USE ONLY:  
SPRING: \_\_\_\_ FALL: \_\_\_\_ SMART CONTRACT: \_\_\_\_ INTERNET CONTRACT: \_\_\_\_ ENTERED INTO TRAX: YES OR NO