

Girls Rock! Membership Application

Please email your application to GirlsRockSussex@yahoo.com

1 PARTICIPANT BACKGROUND

Parent / Guardian of Participant:	Parent Phone number:
	Parent Email Address:

Student Contact Information	Date		Student Nickname		
	Student First Name		Student Last Name		
	Home Address				
	City		State & Zip Code	DE	
	Birthdate		Student Cell Phone		
	Student Email				
School Info	School Name				
	Guidance Counselor's Name				
	Do you participate in clubs or sports?				
	Current Grade		Do you receive free lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2 PARTICIPANT SAFETY

EMERGENCY CONTACTS. If there is an emergency, please contact the following individual:

FIRST NAME		Phone		Relationship to Participant	
Please list any food allergies:					

3 PROGRAM SIGNATURES

- I agree to allow my child to participate in Teens In Perspective/Girls Rock! events.
- I grant Teens In Perspective/Girls Rock! the right to take photographs of me and/or my child in during Teens In Perspective/Girls Rock! events.
- I agree that Teens In Perspective/Girls Rock! may use such photographs of me and/or my child, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian
Parent Print Name
Parent Signature
Date

Student/Participant
Student Print Name
Student Signature
Date