PERMISSION FORMS

This completed page **MUST** be returned to Girls Inc. on or before the first day of the session. Registration is not complete until this form is completed and returned to the center.

We, the parents of ____________________, understand that if my child does not attend Girls Inc. for five consecutive days, she will be dropped from Girls Inc. and another child will be registered in her place. If our child will not be attending the center for five days or longer, we agree to notify the center in writing. This written notification will hold my daughter's place until our return, for a maximum of two weeks.

_______________________________________ _____________________

Signature of Parent or Guardian **Date**

If you know the date your child will not be attending now, please complete the form below:

My child has prior commitments and will not be attending Girls Inc. from ______________
(Starting date)

until _________________.
(Date or return)

Please consider this my written notice and reserve her registration.

_______________________________________ _____________________

Signature of Parent or Guardian **Date**

►►►

We, the parents of ________________________________hereby agree for our daughter to be a member of Girls Incorporated of Lakeland. We give permission for her to attend and participate in activities sponsored and supervised by Girls Inc., both at and away from the center. We agree not to hold Girls Inc. or its staff responsible for injuries or accidents, and further authorize center staff to administer first aid.

_______________________________________ _____________________

Signature of Parent or Guardian **Date**

►►►

____________________________ has permission to ride in Girls Inc. vehicles when leaving Girls Inc. for activities away from the building during the summer session. We understand that reasonable measures will be taken to safeguard my child's safety.

We/I hereby acknowledge that we/I have read and thoroughly understand all of the above.

_______________________________________ _____________________

Signature of Parent or Guardian **Date**