



PORTLAND POLICE BUREAU
GIRLSTRENGTH
 TRAINING IN SELF-DEFENSE OPTIONS



Registration & Participation Waiver

Student's Name: _____

Age: _____ Grade: _____

Session/Camp: _____

Parent/Guardian's Name: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Emergency Contact: _____

Telephone: _____ Cell: _____

How will your child be picked-up after class?

She will be taking public transportation. Bus Max

Adult or sibling will be picking her up at the center and I would like her to wait at the center for this adult.
 Name of adult/sibling _____

She has permission to leave the center and/or walk home by herself.

Please provide any additional information that you think will be helpful in maximizing your child's learning.

Does your child have special needs? Please state. _____

Is your child an English Language Learner? _____

Has your child experienced violence or abuse or have a history of trauma that might effect her participation in the program? _____

I hereby agree to hold harmless the Portland Police Bureau, GirlStrength, their employees and volunteers in this program. I certify that my child is fit to participate in all program activities. In case of emergency, I grant permission for my child to be given treatment at a local hospital.

Signature of parent: _____ Date: _____

Be sure to bring this form to the first day of GirlStrength classes.

If you have any questions, please contact :the GirlStrength Coordinator.

Email: GirlStrength.pb@portlandoregon.gov

Telephone: 503-823-0239