



Registration & Participation Waiver

STUDENT INFORMATION

Student's Name: _____

Age: _____ Grade: _____

Program/Camp/Workshop: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Address: _____

Telephone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Tel: _____

PICK-UP INFORMATION

How will your child be picked-up after class? (Parent, public transportation, picked-up by someone else, walking, etc.)

If picked up by someone other than you, please provide name and relationship: _____

Please provide any additional information that you think we may need to maximize your child's learning and experience in the program: _____

PHOTO RELEASE

The GirlStrength Program has my permission to use my child's photograph publically to promote the GirlStrength program. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such youth.

Yes

No

PARENTAL CONSENT

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/guardian: _____ Date: _____

**Be sure to bring this form to the first day of GirlStrength classes.
If you have any questions, please contact girlstrength.pb@portlandoregon.gov or (503) 823-0239**