



Girls Inc. participants and families:

Thank you for your interest in the Girls Inc. of YWCA Nashville and Middle Tennessee **STEAM Summer Camp 2019** for **girls between the ages of 7-14**. This camp will focus on exploring STEAM related fields and other interesting topics. We will also have great speakers and activities in what promises to be yet another great Girls Inc. experience!

Camp will take place at Brick Church Middle School, located 2835 Brick Church Pike, Nashville, TN 37207. You will have your choice of participating in **1 of 2 sessions**. **Session 1 will be held June 3-June 14<sup>th</sup> and Session 2 will be held June 17<sup>th</sup>-June 28<sup>th</sup>**. Camp hours will be Monday-Friday from 8:30-5:30.

The camp is **FREE of charge** to participants, but selected participants **must commit to attend camp EVERY DAY**. In addition, we will have a **Guardian Orientation at Brick Church Middle School on May 30<sup>th</sup> from 6:00-7:00pm**.

Transportation will **NOT** be provided to participants. Guardians will be responsible for dropping off and picking up their youth. All youth must be picked up by 5:30pm every day. Please be sure to dress appropriately for both indoor and outdoor activities (tennis shoes and comfortable clothing). Participants will be provided a light breakfast, lunch and a light snack.

Participants will be selected on a first come, first served basis. **Registration will close on May 27, 2019**. Please return your completed packet to the Brick Church Office, Girls Inc. staff or email it to our Director of Girls Inc. at [Vanessa.Helbig.Johnson@ywcانashville.com](mailto:Vanessa.Helbig.Johnson@ywcانashville.com). Once received; Girls Inc. staff will call or email to confirm enrollment prior to the camp start date.

If you have any questions you may contact us at 615-983-5123.

Thank you,

Vanessa Johnson  
Director of Girls Inc.  
YWCA Nashville & Middle Tennessee



**Girls Inc. of YWCA Nashville & Middle Tennessee**

Participant's Name: \_\_\_\_\_

I am the parent/legal guardian of, and give permission for, \_\_\_\_\_ (my child) to attend **The Girls Inc. of YWCA Nashville & Middle TN. Summer Camp June 3-June 28, 2019 and be transported to any location to which there is a field trip, even if it is not listed on the permission slip.** I affirm that I am her legal custodian with the authority to grant this permission and release. I agree to hold harmless Girls Inc. at YWCA Nashville and Middle Tennessee, its trustees, staff, agents, and volunteers from liability for any accident, damage, or injury sustained by my child during this field trip.

I understand this is not a MNPS activity and therefore I do not hold MNPS liable for any accident, damage, or injury sustained by my child during field trips.

\_\_\_\_\_  
Legal Guardian's Full Name and Signature

**Health History and Release**

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_  
Policy Holder \_\_\_\_\_

Medications (prescribed and over-the-counter), dosage, and times  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to be treated by a health care provider, first-aidler, health supervisor, and/or hospital in case of an emergency.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional information**

List any allergies  
\_\_\_\_\_

List any special medical or other pertinent information  
\_\_\_\_\_



Girls Inc. of YWCA Nashville Program Enrollment

Session for which you are enrolling: Session 1 (June 3-14) or Session 2 (June 17-June 28)

Participant Name Age Date of Birth

School Grade

Participant Email address (if available)

Street Address City Zip

Parent/Guardian Information

1. Primary Guardian Relationship

Day Phone Evening Phone

Cell

Email Address

2. Other Primary Guardian Relationship

Day Phone Evening Phone

Cell

Email Address

Thank you for providing the following information, which is collected solely for reporting to Girls Inc.'s funders. This information will be kept anonymous.

Participant Age

0- 5 years

6-8

9-11

12-14

15-18

19-25

25 and over

Multi-Ethnic

African American

Asian American

Caucasian

Filipina

Latina

Middle Eastern

Native American

Pacific Islander

Other, please indicate

Annual Household Income:

\$ 0 - 5,000

\$5,001 - 10,000

\$10,001 - 15,000

\$15,001 - 20,000

\$20,001 - 25,000

\$25,001 - 30,000

\$30,001 - 35,000

\$35,001 - 40,000

Over \$40,000

Unknown

Participant lives with:

Both parents

Mother only

Father only

Guardian(s)

Parent & Step-parent

Grandparent(s)

Other

Unknown

Parent/Guardian Highest Level of Education

Completed:

Middle School

High school degree

Vocational/Technical Training

Two-year college degree

Bachelor's degree

Graduate degree

Other

Primary Language Spoken at Home:

Total Number of People Living in the Household:



**II. Agreement to Participate/Parental Consent**

Girls Inc. programs provide a safe place for girls to share their concerns and experiences. Sensitive topics may be covered, including but not limited to:

- Substance Abuse
- Sexual Assault
- Sexuality and Sexual Orientation
- HIV and other Sexually Transmitted Diseases
- Teen Pregnancy and Pregnancy Prevention

Girls Inc. staff strives to provide the most accurate information possible to program participants, but will always refer girls back to the parent/guardian when appropriate. Program materials are always age appropriate.

I, \_\_\_\_\_ (print parent/guardian name) give my daughter \_\_\_\_\_ (print daughter's/youth name) permission to participate in discussions that take place during her Girls Inc. program activities. I understand that I may withdraw this release of information at any time, and that it expires after one year of the date below

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**III. Agreement to Participate in Evaluation Focus Groups**

Participants in Girls Inc. programs periodically are encouraged to participate in group discussions that provide feedback regarding their program experiences. This feedback is helpful in informing programming decisions and ways to improve Girls Inc. programs.

All comments made during these discussions will remain confidential and will not be identified by name.

I, \_\_\_\_\_ (print parent/guardian name) give my daughter \_\_\_\_\_ (print daughter's/youth name) permission to participate in discussion groups that take place during her Girls Inc. program activities. I understand that I may withdraw this release of information at any time, and that it expires after one year of the date below

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**IV. Publicity Consent**

I give the YWCA permission to use my name and/or picture in news articles, magazine stories, videos or other printed material for educating the public and/or participants about the Girls Inc. program. I understand that compensation will not be provided for use of the material.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date