



# Girl Time Registration Form

Name of Young Lady (daughter): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Young Lady's Mode of Transportation: (please check all that apply)

Bus     Parent/Guardian     Self Transportation     Other: \_\_\_\_\_

Authorized Adult (Please list the name and phone number(s) of any other Adult(s) authorized to transport your daughter.)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Emergency Contact Relationship to Young Lady:  Parent/Guardian     Relative: \_\_\_\_\_     Other: \_\_\_\_\_

### Activity:

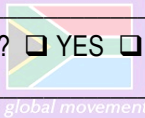
Young Seeds of Virtue (YSV) is proud to offer Young Ladies, ages 12 to 18, the opportunity to participate in **Girl Time on Every other Saturday** from **10AM to 1PM** at **Work Force Advantage Academy, 2113 East South Street, Orlando, FL 32803.**

### Activity Information:

- Parents/Guardians are asked to **drop off** their Young Ladies at the **Work Force Advantage Academy at 10AM.**
- Young Ladies will enjoy workshop sessions on topics including, but not limited to:
  - Etiquette
  - Life Skills
  - Fashion
  - Health & Wellness
  - Job Interview Preparation
  - Self Defense Training
  - Mommy & Me For Young Mothers
- Parents/Guardians are asked to **pick up** their Young Ladies from the **Work Force Advantage Academy promptly at 1PM.**

### Medical Release Form:

- Are there any physical, mental, medical condition(s), and/or any reason that would hinder your daughter from participating in the activity stated above?  YES  NO (please check one) If yes, please explain: \_\_\_\_\_
- Is your daughter on regular medication?  YES  NO (please check one) If yes, what type of medication: \_\_\_\_\_
- Does your daughter have any known food allergies?  YES  NO (please check one) If yes, please explain: \_\_\_\_\_



### Parental Consent:

- I (parent/guardian) **allow** my daughter, \_\_\_\_\_, to participate in the above-mentioned activity, guided under the supervision of Young Seeds of Virtue (YSV).
  - In giving permission for my daughter to participate in the Young Seeds of Virtue activity stated above, I (the parent/guardian) have **completed the above YSV Medical Release Form** and release YSV Staff and the YSV Non-Profit Organization from all legal responsibility concerning the physical health, mental health, and/or medical condition of my daughter. I (the parent/guardian) take full responsibility for all medication and dispensing of said medication. If any incident should occur, where as my daughter would need medical attention, I (the parent/guardian) understand and agree that Young Seeds of Virtue will call 911 for Emergency Medical Services.
- I (parent/guardian) **do not allow** my daughter, \_\_\_\_\_, to participate in the above-mentioned activity, guided under the supervision of Young Seeds of Virtue.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date