

**Girls Inc. at the YWCA of Syracuse & Onondaga County  
Girls Summit Registration Form**

**STUDENT INFORMATION**

Child Name \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I have a workshop partner:  Yes  No If yes, name: \_\_\_\_\_

Please describe any special needs your child may have:

**PARENT/GUARDIAN PERMISSION**

- As legal guardian of the child, I give my permission for them to attend the Girls Inc. Girls Summit.
- In case of illness or emergency, I understand that every effort will be made to contact emergency contact listed below.
- If no contact can be made, I hereby give authorization to YWCA of Syracuse & Onondaga County to seek medical treatment and if needed arrange for transportation.
- By submitting this registration form, I grant permission for my child to be photographed during this program. I grant permission for SUNY ESF, SU STEP program, YWCA of Syracuse & Onondaga County, and their agents, successors, and assigns the free and unrestricted right to use the photos and my child's name, for publicity and for use in promotional material in any legal manner, newspaper, television, and/or on website and waive the right to inspect the finished promotional product.
- I agree that the information on this form may be released to Syracuse University, ESF, and any other partners affiliated with this event for purposes related to programming, education, and Covid 19 contact tracing.
- I give permission for my child to fill out the Girls Inc. assessment survey during this event.
- I understand that registration begins at 8:30am and the event ends at 3:45pm. Items will be raffled during the closing ceremony and only children present at that time will be able to claim a prize.
- I understand and give permission for all checked items above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you will chaperone several girls and bring a large vehicle:  Yes  No

**PARENT/GUARDIAN INFORMATION**

Parent/ Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City| State | Zip \_\_\_\_\_

Pick up name: \_\_\_\_\_

Alternate pick up name: \_\_\_\_\_

**Additional emergency contact information (in case guardian cannot be reached):**

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

To register, each child must have a completed registration form.

Please send completed Registration and program Fee: \$5.00

Girls Inc. at the YWCA of Syracuse and Onondaga County

% Caitlyn Copfer

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Please call with questions:

315-424-0040

