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| Sorority Registration Application  |
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 |
|  |  | Jasmine Baker, Executive Director |



**Last Name: First Name:**

 **Age: T-Shirt Size:** \_\_\_\_\_\_\_\_\_\_\_\_ **Stole Size: \_\_\_\_**

**School:**

**Grade attended year 2018-2019:**

**Home address:**

**City: State: Zip Code:**

![wb00956_[1]]() **Please list ADA Accommodations needed:**

Mother’s name: Father’s name:

Mother’s cell: Father’s cell:

Mother’s email: Father’s email:

Person’s Authorized to pick up child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Dismissal Arrangements (walk, bike, etc. )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact\*: Relationship: Phone:

**Pyments:**  T-shirt, Induction stoles, and certificates fees may be paid by paypal. Extras may be purchased. Please indicate below.

**T-shirt Fees:** $20

**Induction Stole:** $20

**Certificate**:$5**:**

## **Contact Information**

For more information, Jasmine Baker, Executive Director at 808-687-1551

Emails: **gemshonolulu****@gmail..com**

Paypal email: 1trueelegance@gmail.com

I understand that the t-shirt, induction stole, and certificate balance is due at time of registration. We do not provide make-ups or refunds for any reason. Please do your best to come to **Gems Honolulu,** for each session.

**SIGNATURE OF PARENT OR GUARDIAN**  **DATE**

**MEDICAL/EMERGENCY INFORMATION:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Medical Problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is financially responsible for the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to **GEMS Girls Empowered & Mentored for Success**  to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (member’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **GEMS Girls Empowered & Mentored for Success**  . I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **GEMS Girls Empowered & Mentored for Success**  **, its employee and its staff** from liability to the above named minor, of the person claiming through her, arising from injury to the person or property of the above named minor occurring in the premises of **GEMS Girls Empowered & Mentored for Success**  **,** including any event sponsored or sanctioned by **GEMS Girls Empowered & Mentored for Success**  **,** and or travel to and from such activities.

I understand that **GEMS Girls Empowered & Mentored for Success**  **,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of academy, etc.) or becomes involved in any activity or with any persons not associated with **GEMS Girls Empowered & Mentored for Success**  **,** or its scheduled program and that **GEMS Girls Empowered & Mentored for Success**  **,** has the right to send her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy, fee statement and agree to comply.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_