



## REGISTRATION FORM 2019/20

Today's Date: [Date]		Birth date: Age:	
<b>SIYANDA GIRL INFORMATION</b>			
<b>First Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>
Address:			
(City, State, Zip):			
Email Address:	Home phone no.: [Phone]		Cell phone no.: [Phone]
Facebook page name:	School:	Grade:	
How did you hear about Siyanda Girls?			T-shirt Size: _____
<b>PARENT OR GUARDIAN INFORMATION</b>			
First Name:	Last Name:	Address: (only if different than above)	Relationship to the participant:
Email Address:	Home phone no.: [Phone]	Cell phone no.: [Phone]	Facebook page name:
<b>IN CASE OF EMERGENCY</b>			
1. Name of local friend or relative (not living at same address): [Friend or relative name]		Relationship to participant:	Cell phone no.: Home phone no.:
2. Name of local friend or relative (not living at same address):		Relationship to participant:	Cell phone no.: Home phone no.:
_____ Participant/Guardian signature		_____ Date	

APPLICANT/PARTICIPANT AGREEMENT

I, \_\_\_\_\_, attest that all the information submitted in this application is true. If I become a participant in the Siyanda Girls program I agree to being an active participant, by trying my best to attend all meet ups and events for the year. I also agree to oblige to the rules of conduct, safety, and the Siyanda Girls guidelines. I also agree to respect the privacy of my peers by not sharing any personal or deemed private information discussed at meet ups or events with anyone outside of the Siyanda Girls group. By signing below, I acknowledge that I have read, understand, and agree to the terms outlined above:

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT AGREEMENT

Should my child \_\_\_\_\_ become a member of Siyanda Girls, I \_\_\_\_\_, the parent/guardian consent to her participation in the 2017/2018 Siyanda Girls program. I understand that my child may be traveling to other areas or cities to participate in age appropriate conferences, outings, and or events. I understand that information about travel expenses or cost for my child will be given or stated to me. I understand that I am an advocate for my child to succeed and grow in this program. I also understand that my child can be dismissed from the program if she fails to adhere to the safety guidelines, or rules of conduct. I authorize Siyanda Girls staff to seek medical treatment for my child in the event of accident or illness. By signing below, I acknowledge that have read, understand and agree to the terms outlined above:

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT ASSUMPTION OF RISK WAIVER

I, \_\_\_\_\_, assume full responsibility for any risks, loss, or personal injury that may be sustained by me/my child, or any loss of damage to property owned by me/my child during the time she is participating in the program. I agree to indemnify and hold harmless Siyanda Girls staff, volunteers, or mentors from any and all claims, actions, suits, procedures, cost, expenses, damages, liabilities, including attorney fees brought as a result of my child's involvement in Siyanda Girls, and to reimburse them for any such expenses incurred. By signing below, I acknowledge that I have read, understand, and agree to the terms outlined above:

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Office Use Only

Registration Fee \$15 (non-refundable)

Paid: \_\_\_\_\_ Date: \_\_\_\_\_