

ATTENDEE INFO SHEET



STUDENT INFO:

Name: _____

Today's Date: _____ Grade: _____

Birthdate: _____ School: _____

Student Cell Phone #: _____ Home Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Email: _____

Do you regularly attend church? _____ If so, where? _____

Do you have any allergies*? If so, what? _____

(*NOTE: it is your responsibility to check all foods/drinks for your allergens prior to eating)

How did you find out about Get REAL inC? _____

What are some things that girls your age are dealing with that could be good to discuss in group?

What are some of your favorite things?

PARENT/GUARDIAN INFO:

Primary Parent Name: _____ Cell #: _____

Parent Email: _____

Secondary Emergency Contact: _____ Cell #: _____

AUTHORIZATIONS:

I authorize Get REAL inC staff/leaders to administer first aid to my child and, if necessary, to transport my child, or call for emergency transportation, to an emergency facility to receive medical treatment. I authorize emergency/medical personnel to administer such treatment as they feel is medically necessary. I accept full financial responsibility and further agree to release from and to indemnify Get REAL inC, their employees, officers, and volunteers for any liability, now and hereafter, for any injury my child may incur as a result of her participation in the program. I make this agreement on behalf of my heirs, my estate, and myself.

I also give Get REAL inC permission to publish in print, electronic, or video format the likeness or image of my child or myself. I release all claims against the organization with respect to copyright ownership and publication including any claim for compensation related to use of the materials. When images are published, the organization will take cautionary steps to provide minimum identifying information.

Parent/Guardian Signature