

Green Girls Summer Institute 2020 Registration Form/Permission Slip

Student Name: _____	Date of Birth: _____
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino/Spanish <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Bi/multiracial
Parent/Guardian Name: _____	Phone: _____
Home Address: _____	
Borough: _____, NY	Zip Code: _____
Email: _____	

In the event that the parent/guardian cannot be reached during an emergency, please contact the following person

Emergency Contact First Name: _____	Last Name: _____
Relationship to Student: _____	Phone: _____

- **Consent & Media Release**

I hereby give permission for my child, _____, to participate in **Green Girls Summer Institute 2020** at Socrates Sculpture Park and other sites throughout New York City, including local parks, playgrounds and greenspaces. This program is run independently of Socrates Sculpture Park and may include field trips to different sites and community service activities. I acknowledge that traveling may include subway, bus and/or van driven by City Parks Foundation (CPF) employees*. By signing below, I release CPF and its employees from any and all liability.

** CPF staff are trained and licensed personnel who are submitted to and cleared through the background check of the Department of Education.*

- **Health Information** (Please circle yes or no)

Convulsions/Seizures	Yes	No	Allergies		
Diabetes	Yes	No	Insect Stings	Yes	No
Physical Disability	Yes	No	Penicillin	Yes	No
Chronic Illness	Yes	No	Other Medications	Yes	No
Asthma	Yes	No	Food	Yes	No

If you circled **YES** to any of the above conditions, please specify: _____

Dietary Restrictions: _____ Current Medications/Dosage: _____

Any additional information about your child that we should know? _____

- **Emergency Authorization**

I hereby give permission to the medical personnel called by the City Parks Foundation to order x-rays, routine tests, and treatment for my child in the event that I cannot be reached. In an emergency, I give my permission to the physician called by the City Parks Foundation to hospitalize and secure proper treatment for my child as named above.

Parent/Guardian Signature

Date