



Healing Families Initiative
EST 2021

For office use only

Date Received: _____

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Healing Families Initiative LLC Girls' Circle Enrollment Form

Today's Date: _____

Girl's Name: _____

Parent/Guardian's Name: _____

Cell Phone: _____ Home Phone: _____

Address: _____

City, State: _____ ZIP: _____

Email Address: _____

Please initial in ONE or BOTH spaces below indicating your correspondence preference(s).

I agree to receive correspondence via _____ Text Message and/or _____ Email from Healing Families Initiative.

In case of an **emergency**, please contact:

Name: _____

Relationship to Participant: _____ Cell Phone: _____

Please list any conditions we need to be aware of in case of an emergency: _____

My child may be picked up from Healing Families Initiative events by the following people ONLY:

How did you hear about Healing Families Initiative? _____

Why are you excited to have your child join a Girl's Circle? _____

All About Me!

Please have the participant fill out this page.

Name: _____

Birthdate: _____ Age: _____

School: _____ Grade: _____

I am interested in joining a Girl's Circle because _____

My favorite kind of activities are _____

Some fears I have about joining a Girl's Circle are _____

I feel most loved and accepted when _____

The most important thing I want the Girl's Circle Leader to know about me is _____

Questions? Comments? Fears? Anxieties? Random bursts of Joy? _____

Permissions and Acknowledgements

Please Initial _____ has permission to participate in the programs
(Name of Participant)
and/or events of Healing Families Initiative LLC (“HFI”).

Please Initial I agree not to hold HFI, its members and/or volunteers liable for any injury or accident which may
occur during the above-named minor’s participation in the programs and/or events of HFI.

Please Initial I do hereby authorize HFI’s use of the above-named minor’s photograph and/or video image in
printed material, social media, websites, etc. for both internal and external promotional and
corporate purposes. HFI shall own all rights to such photographs and/or video images.

Please Initial I authorize HFI to obtain medical care for the above-named minor in the case of a medical
emergency. I understand that I am financially responsible for the care given and that efforts will
be made to contact me and/or the designated emergency contact listed in this application.

Please Initial I will cooperate with HFI, its members and volunteers to ensure the above-named minor
demonstrates good conduct and comply with policies and procedures of HFI.

Please Initial I understand that this consent is effective from the beginning of the above-named minor’s
participation in the programs and/or events of HFI and will continue as long as the above-named
minor participates in the programs and/or events of HFI.

Please Initial I attest that I am the above-named minor’s legal parent/guardian.

Parent/Guardian’s Signature

Parent/Guardian’s Printed Name

Relationship to Above-Name Minor

Date