



**T.H.R.I.V.E. Girls Inc**

T.H.R.I.V.E. Girls, Inc. is a nonprofit organization with a mission to assist young girls in discovering their purpose, despite life's challenges. Our core focus is to provide encouragement and resources to teenage girls who struggle with rejection, low self-esteem, or a lack of support. Please fill out this permission slip to enroll your child in our 8-week after-school program.

The days & location will be sent once the consent form is signed.

**PARENTAL WAIVER AND CONSENT FORM**

As the parent or legal guardian of \_\_\_\_\_, I \_\_\_\_\_ hereby give my full consent and approval for my child to participate in T.H.R.I.V.E. Girls Inc.

I \_\_\_\_\_, understand that there are certain topics that will be discussed in this program including, but not limited to: relationships, etiquette, self-love, self-esteem, college/career readiness, and communication.

I \_\_\_\_\_, understand that during the relationship session, sexual education will be briefly covered; including but not limited to safe sex practices and abstinence.

\_\_\_\_\_ I give my child permission to attend the sexual education session.

\_\_\_\_\_ I DO NOT give my child permission to attend the sexual education session.

I \_\_\_\_\_, give T.H.R.I.V.E. Girls Inc. permission to take pictures and videos of my child during programming for marketing use.

\_\_\_\_\_ I give T.H.R.I.V.E. Girls Inc. permission to take photos and videos of my child.

\_\_\_\_\_ I DO NOT give T.H.R.I.V.E. Girls Inc. permission to take photos and videos of my child.

I \_\_\_\_\_, give T.H.R.I.V.E. Girls Inc. permission to take my child on field trips. I understand there may be an additional cost to fields trips.

\_\_\_\_\_ I give T.H.R.I.V.E. Girls Inc. permission to take my child on field trips.

\_\_\_\_\_ I DO NOT give T.H.R.I.V.E. Girls Inc. permission to take my child on field trips.

Parent/Guardian Initial: \_\_\_\_\_



**T.H.R.I.V.E. Girls Inc**

Name of Participant: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Participant Health Information**

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

**Note any Medical Issues or Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_



**T.H.R.I.V.E. Girls Inc**

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent/Guardian Signature:**

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