

**GIRLS DREAM OUT LOUD**  
**CURIOUS JANE PROGRAM ENROLLMENT TERMS**  
*Fax or mail before camp, or bring on first day*

*Girls Dream Out Loud and its summer programs make student health and safety the first priority of our programs. All staff members are trained prior to the program in health and safety protocols to help ensure that all students have a safe and enjoyable experience! However, there may be risks involved in participating in our program, as in any activity or program.*

*We require a copy of each student's medical forms and health insurance information in order to properly prepare for the well-being of each child. We also comply with all local Department of Health regulations. In the event of a medical situation or emergency, the students' parents and emergency contact will immediately be notified, and the program will follow the desires and decisions of the parents regarding action and treatment for their daughter.*

**Liability Release**

I give permission for my child to participate in all classes, activities and trips associated with this program, understanding that I will be notified in advance of any field trips. I hereby release Girls Dream Out Loud, its employees and owners, as well as any host campus, school, employees or volunteers, from all liability for any injuries, losses or damages arising from participation in this program.

**Medical Authorization**

1. In the event that a medical emergency should arise, and neither I nor our daughter's emergency contacts are reachable, I authorize the program to place my child in a hospital or in the care of a licensed medical doctor for medical services and treatment, as deemed in the best interest of the child.

2. In compliance with health regulations, I agree to inform the Summer Programs Office within 24 hours if my child, or any other member of my household, is diagnosed with any reportable communicable disease as defined by the State Board of Health.

**Agreement**

I give permission for my child to participate in the program during the summer of 2010 at the location indicated on the application. I permit the program to use photographs of my child and/or her projects and work in program materials. I understand that personal information about my child will never be shared in conjunction with these photographs without my permission. I have read the payment policy and refund schedule in the application and tuition section of the registration and agree to the terms cited. I represent that I have the authority to sign this Agreement.

Child/Ward Name: Printed \_\_\_\_\_

Parent/Legal Guardian Name: Printed \_\_\_\_\_

Parent/Legal Guardian Name: Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FAX TO:** 718.237.8862    **MAIL TO:** Curious Jane, PO Box 380935, Brooklyn, NY 11238    **OR BRING TO CAMP**