



CONFERENCE/MEMBERSHIP APPLICATION

PARTICIPANT INFORMATION

Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:

PRIMARY EMERGENCY CONTACT

Name:	
Phone:	Relationship:

SECONDARY EMERGENCY CONTACT

Name:	
Phone:	Relationship:

SCHOOL INFORMATION

Current School:		
Address:		Grade:
Phone:	Fax:	
City:	State:	ZIP Code:
Counselor/Social Worker:		

Parent Permission Statement:

As the legal parent/guardian of _____, I authorize the School District and/or the educational institution my child attends to release the following information to Dream Girls Academy, Inc. (DGA, Inc.) on a monthly basis: grade point averages, photocopies of progress reports, school attendance, grade advancement information and graduation information. I give my consent for the collection of my daughter's school report card to be used for reporting purposes and tracking your daughter's academic success. Photocopies of this form shall be considered a valid release for all information.

I have read the completed application; understand the rules and expectations of Dream Girls Academy, Inc. and request that my daughter be accepted into membership. I have explained the rules to my daughter and agree that DGA, Inc. will not be held liable for any accidents to your youth while engaged in any activities here or away from the designated facility when my daughter failed to follow the rules set forth prior to the event. I give my consent for photographs, in which my daughter may appear, to be used by DGA, Inc. for reporting to funding agencies, fund raising and public relations (e.g. website, bulletins, flyers, etc.).

In addition, because of certain grant funding requirements, it may be necessary that we administer pre-and post-tests, an anonymous questionnaire about your child's personal background, and, in some cases, keep progress notes on participants. These items may be necessary in order for our funding sources to evaluate the success of our program. Naturally, all of the above information will be kept *strictly confidential*.

_____ I DO give my child permission to participate in the **Dream Girls Academy, Inc.** program.

Parent or Guardian Signature

Member Signature

Date