



# Girls To Young Ladies, Inc

*Mailing Address:* 1141 NE 21<sup>st</sup> Court, Gainesville, FL 32641

*Website:* [girlstoyoungladies.org](http://girlstoyoungladies.org) ♥ *Email:* [girlstoyoungladies@gmail.com](mailto:girlstoyoungladies@gmail.com)

*Phone:* (352) 745-6200

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Siblings with G2YL: \_\_\_\_\_

## School Information

Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_

GPA: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Career Goal: \_\_\_\_\_

1<sup>st</sup> College of Choice: \_\_\_\_\_ 2<sup>nd</sup> College of Choice: \_\_\_\_\_

Test Taken:  SAT  PSAT  CAT  PCAT  ACT  
 FCAT Year: \_\_\_\_\_  Other: \_\_\_\_\_

## Mother/Father/Guardian Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_  
Authorized to Pick-up Child:  YES  NO  
First to Contact In Case of Emergency  YES  NO

**Mother/Father/Guardian Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_  
**Authorized to Pick-up Child:  YES  NO**  
**First to Contact In Case of Emergency  YES  NO**

**First Name of Authorized Person to Pick-Up Child**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Second Name of Authorized Person to Pick-Up Child**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Third Name of Authorized Person to Pick-Up Child**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Hospital Preferred: \_\_\_\_\_

Ambulance Permission:  YES  NO

Special Food Requirements: \_\_\_\_\_

Allergies: \_\_\_\_\_

A. Reactions: \_\_\_\_\_

B. Procedure: \_\_\_\_\_

IMPORTANT: If your child must take medication during her time with G2YL, please administer medication prior to or report back to center to administer. Thanks.

**G2YL T-Shirts**

Girls to Young Ladies, Inc provide shirts for the members for a cost of \$6.00. If any parents, siblings, etc would like to purchase a shirt the cost is \$12.00 (3XL, 2XL, and XL shirts are \$15.00). All proceeds go towards the cost to operate the programs provided under G2YL. Please indicate your order below:

Purchasing a shirt for your child who is a member:  YES  NO  
If yes, what size:  3XL  2XL  XL  L  M  S  XS

Purchasing a shirt for other than member:  YES  NO  
If yes, what size:  3XL  2XL  XL  L  M  S  XS

Please understand that your child will attend events, which will require parents to transport the child(ren) to the off site location. At times G2YL staff members may provide transportation. By signing below you are agreeing to the following terms:

1. Your signature gives the staff of G2YL permission to transport your daughter during field trips and before or after any activities.
2. Your signature will stand as an agreement that G2YL has your permission to transport and authorize treatment of your daughter in the event that you can not be contacted during a medical emergency. G2YL will seek treatment at the nearest licensed medical facility if you are not available to authorize medical care and/or medical facility preference.
3. Your signature will stand as an agreement that G2YL is not financially responsible for injuries and/or treatment received while in the organization's care. You (the parent/guardian) will accept all financial responsibility for any injuries and/or medical treatment.

Your signature also stands as acknowledgement that G2YL does not require any membership dues unless funding is unavailable for the event(s) in which the parents are asked to support their child financially. However, it is required that each child, to the best of their ability, show dedication, support, respect for others, and participate in as many events.

Please sign below if you agree with the above.

---

Parent's/Guardian's Signature

Date

## *Information from the Member*

Below are the categories and goals in which I will work hard to achieve while a member of Girls to Young Ladies, Inc.:



Academic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Social/Behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Career: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

