



The
GurlCode
I Code. You Code. We Code. Gurl Code!

Membership Application

CHILD'S NAME:

_____ DOB: _____ AGE: _____

HOME ADDRESS:

_____ CITY: _____ ZIP: _____

EMAIL ADDRESS:

PARENT/FAMILY INFORMATION

Name of person completing application

Mom's Name:

Home Phone: _____

Cell phone: _____

Dad's Name:

Home Phone: _____

Cell phone: _____

SCHOOL & GRADE INFORMATION

What SCHOOL does your child attend? _____

What GRADE is your child in? _____

PERSON TO CALL IN CASE OF EMERGENCY IF PARENTS/GUARDIAN CANNOT BE
REACHED:

Name: _____

Best Phone#: _____

Alt. Phone#: _____

PHOTO, VIDEO, WEB SITE, FACEBOOK AND PUBLICITY PERMISSION

I give my permission for my daughter to be filmed, or photographed for the sole purpose
of
providing newspaper stories, fundraising event publicity, program event publicity, and grant
documentation, The GURL CODE of Marion County website/social media stories, photos,
brochures and TV news/event coverage.

Parent signature / Date