

GIRLS WRITE PITTSBURGH

Participant application

Name: _____

Preferred pronouns (optional): _____

Street Address: _____

City: State: Zip: _____

Phone Number:(__) _____

Email: _____

Date of Birth (including year): _____

School & Grade: _____

How did you hear about us? _____

What kind of writing do you like to do? _____

What kinds of things do you like to read? _____

What are some of your other hobbies and extracurricular activities?

Why do you want to join Girls Write Pittsburgh?

Anything else we should know? _____

Can we text and/or email you with program updates? _____

Which Girls Write Location are you interested in attending?

Brookline _____ Garfield _____ Northside _____

Parent/Guardian Release

As the parent/guardian of _____ I understand they will be participating in Girls Write Pittsburgh, a FREE writing/mentoring program for self-identifying teen girls.

Parent/Guardian name: _____

Parent/Guardian email address: _____

Best time/phone number to contact: _____

Additional emergency contact name and phone number: _____

Can we text and/or email you program updates? _____

Does your child have any health related issues that would be important for Girls Write Pittsburgh to know about during our programming? _____

Does your child require any accessibility needs or other support? _____

Parent/Guardian Signature: _____

Date: _____

Transportation

Girls Write Pittsburgh workshops are scheduled to begin and end at a set time. As such, we request that you ensure that your child arrives at the start of the program and can depart promptly at the end. Girls Write Pittsburgh does not provide transportation to/from any programming. Parent/guardian is not required to stay for the duration of programming.

How will your child be getting to/from Girls Write Pittsburgh workshops?

_____ Walk _____ Bus _____ Parent/Guardian/Emergency Contact

_____ List Other

Do you give permission for your child to sign themself into/out of programming? ___Yes ___No

Permission to Use Photographs

I grant to Girls Write Pittsburgh, its representatives, program affiliates, and staff the right to take photographs of me/my child. I authorize Girls Write Pittsburgh, its assignees and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Girls Write Pittsburgh and affiliates may use such photographs of me/my child with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Signature* _____

Printed name _____

Child's name _____

Address _____

Date _____

*Signature by parent/guardian required for child under age 18