

# Growing Well



## Growing Well Girls Group

a monthly group for preteen girls focused on body literacy, consent, boundaries, and safety in a calm, age-appropriate environment.

✦ **for ages 9-12** ✦

**Cost:** Free/Donation (\$5 recommended)\*

**Location:** 2655-3 Capital Cir NE

**Group Size:** Space Limited

**Days/Times:** Fridays from 6:00-8:00 PM

**Dates:** March 6, April 3, May 1, June 12, July 10, Aug 7

\*all donations will go to the non-profit Dance for All Foundation Inc.



## Emergency Contact and Authorized Pick-Up Form

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Emergency Contact Information

### Primary Emergency Contact (if parent is unavailable):

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Secondary Emergency Contact:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

---

### **Authorized Pick-Up (In-Person Groups Only)**

I authorize the following individuals to pick up my child from Growing Well sessions. Photo ID may be requested.

1. **Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
2. **Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

If no additional names are listed, only the parent or legal guardian named above is authorized for pick-up.

---

### **Medical and Safety Information**

Please list any information the facilitator should be aware of to support your child's safety:

- Allergies (food, medication, environmental):  
\_\_\_\_\_
  - Medical conditions or relevant health information:  
\_\_\_\_\_
  - Medications that may affect participation (if applicable):  
\_\_\_\_\_
- 

### **Emergency Medical Authorization**

In the event of an emergency, I authorize the facilitator to seek emergency medical care for my child if I cannot be reached in a timely manner.

I understand that I am financially responsible for any medical services provided.

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