



## Pretty Young Girls Application

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

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent or Guardian E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent or Guardian E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

Favorite Subject: \_\_\_\_\_ Least Favorite Subject: \_\_\_\_\_



## Pretty Young Girls Application

Do You Play on a Sports Team? Y\_\_ N\_\_ If so, which sports, team, and position?

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Do you play any musical instruments? Y\_\_\_ N\_\_\_ If yes, which instrument(s)? \_\_\_\_\_

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Are you in any other school or community activities? Y\_\_\_ N\_\_\_ If yes, please list: \_\_\_\_\_

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Please list your favorite hobbies:

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Please list any other information you would like us to know about you:

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## ALLERGIES

**List all known allergies including those involving medication, food, insect, asthma, hay fever and other allergies. Describe reaction and management of the reaction.**

ALLERGIES	REACTION AND MANAGEMENT
_____	_____
_____	_____
_____	_____

**MEDICATION:** Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. When participating in an outing, please bring enough medication to last the entire time of the trip. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. All medications must be checked in to adult staff upon arrival.

<input type="checkbox"/> <b>Check is NO Medications on a routine basis</b>
Medication taken as follows: Attach additional pages for more medications, if necessary.
Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking: _____
Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking: _____
Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking: _____
Identify any medications taken that your youth does not/may not take during a weekend outing: _____



## Pretty Young Girls Application

### PYG Agreement

By signing this agreement, I agree to follow these guidelines during each of the PYG meetings and events so that I may be an example to others and fulfill the mission of Pretty Young Girls.

I promise to...

- Respect others and their property
- Respect my body, health, and the health of others
- Respect the leadership of the adult youth workers and volunteers
- Always keep my phone off
- Have a positive attitude
- Use positive appropriate language that builds others up remembering:
- No gossip/Making fun of others
- No peer pressures
- No vulgar language
- Keep my voice at an appropriate volume for where I'm at
- Act my age
- Wear clothing that is modest and does not make others uncomfortable
- Use appropriate romantic behavior towards others (i.e., nothing I wouldn't do around my parents)
- Follow Jesus' example and live by this agreement in my everyday life
- Laugh and have fun

I agree to follow this PYG Agreement which is also the Code of Behavior for all persons that participate in the PYG events. I understand that if I violate any of these rules, I will not be able to come any meetings and trips until I have fixed my behavior. If the violation is serious, the founder and volunteers have the option of calling my parent/guardian and/or sending me home at my parent/guardian's expense.

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

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Photo Release Form for Girls

Pretty Young Girls has my permission to use my daughter's photograph publicly to promote PYG. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

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Member Print Name

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Member Signature

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Date

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Parent Print Name

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Parent Signature

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Date

## Active Membership for Members

Initial Fee: \$150	Annual Fee: \$100
<p>The first-year initial fee is \$150. Must be paid at least four weeks after application has been submitted.</p> <ul style="list-style-type: none"><li>• Three Shirts</li><li>• Binder</li><li>• Tote Bag w/ Logo</li><li>• Cup w/ Logo</li><li>• Journal w/ Logo</li><li>• Snacks/Savings</li></ul>	<p>The annual fee for participants is \$100. Can be paid between December 1<sup>st</sup> – February 1.</p> <ul style="list-style-type: none"><li>• Savings/Snacks \$30+</li><li>• Any PYG Items \$20-</li></ul>