



Bridges to Growth – Registration Form

Please print.

Adult Registration

Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Would you like to be on our email list? ☐ yes ☐ no

How did you hear about us? _____

Our grants require us to capture demographic information. We appreciate your cooperation.

Age category: ☐ 19-54 ☐ 55+

Gender: _____

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other

Are you a ☐ Parent ☐ Childcare provider ☐ Both

Emergency Contact: _____ Phone: _____

Child Registration

Child's name: _____ Age: _____

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other

Child's name: _____ Age: _____

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other

Child's name: _____ Age: _____

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other

Child's name: _____ Age: _____

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other

Activity Release

I consent to allow my children or myself to participate in any activity sponsored by The Georgetown Project's Bridges to Growth. I hereby agree to waive all claims and hold harmless The Georgetown Project, its employees, volunteers, committees and boards, and the Community Resource Center for any accident or misfortune that might occur.

In the event of an emergency in which medical treatment is necessary, I authorize The Georgetown Project to obtain the services of a licensed physician and/or certified paramedic for me and/or any of my children.

This activity release form is in effect for ALL events or activities that I, or any of my children, may participate in.

Signature: _____ Date: _____

Photo Release

I hereby give permission to the staff and volunteers of The Georgetown Project to photograph my child/children and/or myself. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. This photo release is in effect for ALL events or activities that I, or any of my children, may participate in.

Signature: _____ Date: _____