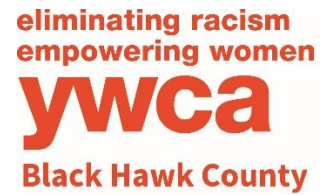


YWCA Black Hawk County  
425 Lafayette Street  
Waterloo, IA 50703

Phone: 319-234-7589  
Fax: 319-234-3462  
www.ywcabhc.org



# Summer Wize Girlz Registration Form

## No Fee – Donations Welcome!

We're proud to offer this program at no cost to families. Your optional donation makes a direct impact - helping us provide a memorable end-of-summer field trip and the supplies needed for meaningful activities all summer long. Simply scan the QR code, select "Donations Wize Girlz," and follow the prompts. Cash or check donations are also greatly appreciated and can be turned in at the YWCA's front desk.



## Wize Girlz Participant Information:

Child's Name: \_\_\_\_\_  
First Last

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address (please list the address where your child will be picked up/dropped off at for Wize Girlz):

Address City State Zip Code

Home Phone #: \_\_\_\_\_ Participant Phone #: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2026): \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity (select all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Middle Eastern or North African  | <input type="checkbox"/> Asian, South Asian, Asian American | <input type="checkbox"/> Biracial or Multiracial |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hawaiian or Pacific Islander       | <input type="checkbox"/> Latina or Hispanic      |
| <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Caucasian or European American     | <input type="checkbox"/> Other                   |

**Parent/Guardian Information:** (It is crucial to your child's welfare that this information is kept current. The parent or guardian listed first will be the primary contact unless otherwise listed. **Notify us of any changes right away.**)

**Parent/Guardian (Primary Contact):**

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

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

Main Phone #: \_\_\_\_\_

Alternate Contact #: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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

Best Form of Contact:  Email  Text  Call

**Parent Guardian (Secondary Contact):**

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

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

Main Phone #: \_\_\_\_\_

Alternate Contact #: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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

Best Form of Contact:  Email  Text  Call

**\*\*Email will be the initial form of contact to send all information prior to the first day of Wize Girlz. Please check it regularly.\*\***

**Alternate Emergency Contacts:** (In the case of an emergency and we are unable to reach you we need 3 alternative emergency contacts, \*different from above. **Notify us with any changes right away**)

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Pick Up Information:** *(The YWCA provides transportation for all participants living in the Cedar Valley. If you do not want your child to use our transportation, please notify staff ASAP. Staff must be notified ahead of time if your child will not be using YWCA transportation on any given day.)*

In addition to parents/guardians, the following person(s) have my permission to pick my child up from the YWCA Summer Wize Girlz program. Children will *only* be released to those authorized by the parent/guardian. Wize Girlz staff will not dismiss a child to any person not listed below unless there is prior notification to Wize Girlz staff by a parent/ guardian. \*IDs may be checked prior to releasing the child. *(if same as emergency contacts, write "same as above")*

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Travel & Activity Authorization:** *(please note: Pre-approval from Wize Girlz staff will be required before we can provide transportation to those residing outside of Waterloo/Cedar Falls city limits)*

I give permission for my child to be transported by YWCA vehicles and to be pick up and dropped off at the address listed on the previous page.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I give permission for my child to leave the YWCA building for trips in YWCA vehicles to off-site activities. List any restrictions your child may have on such trips \_\_\_\_\_



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Picture Release:

Yes, I authorize that my child may be photographed at YWCA Youth & Family Services programming during normal program hours, field trips, and activities. I understand these photos may be used for promotional materials, either in print, media release, or on the internet. *(no names will be included)*

No, I do not want my child to be photographed.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Recreational Activity Release:

Activities may include watching movies, creating staff approved/appropriate TikTok's/videos, and using cell phones during programming.

Yes, my child has permission to participate in recreational activities while at Wize Girlz programming.

Check all movie ratings that your child is allowed to watch:  PG  PG-13

My child is allowed to watch movies, but is **not** allowed to participate in TikTok's/videos or use their cell phone during program.

My child is allowed to watch movies and use their cell phone, but is **not** allowed to participate in TikTok's/videos.

No, my child is not allowed to participate in any recreational activities while at Wize Girlz programming.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Emergency Information:**

Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Health History:**

Does your child have any allergies? (please list severity) \_\_\_\_\_

Are there any medical conditions staff should be made aware of? \_\_\_\_\_

The YWCA of Black Hawk County is committed to providing equitable access to all programming whenever possible. If your child has a special need or diagnosis, please share that information below. We will make every effort to provide appropriate accommodations and create a supportive, inclusive experience. You may also include any additional details that would help our staff best support your child and ensure a high-quality program experience for all participants.

\* Would you like to discuss your child’s needs?  Yes  No Preferred method of contact: \_\_\_\_\_

Is your child currently on any medication? *(This is important in the case of an emergency)*

Yes  No

If yes, give the name and dosage of any medications being used. *(If you need the YWCA Summer Wize Girlz staff to administer medication, please ask for a separate “Medical Release” form.)*

**Statement of Health:**

I hereby certify that my child, as named above, is free of communicable disease and that all medical needs have been listed above.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical Release:**

I am the legal guardian of \_\_\_\_\_ who is, with my permission, a participant in an activity sponsored by the YWCA of Black Hawk County. If I am not in attendance when emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member to engage qualified medical personnel to initiate any necessary medical treatment or care. It is understood that I will be notified first in the event of an accident. Should I not be available, the emergency contact listed on my child’s application will be notified.

I understand that if medical services are provided by a physician, hospital, and/or ambulance these expenses will be covered by myself or my family’s health insurance.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Name of Insurance Policy Holder



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Enrollment:**

Space is limited. If you select a week, below, we will be expecting your child that week, Monday through Friday. You can enroll for all 8 weeks, just one week, or a combination of weeks.

If your plans change, please let us know as early as possible, as it may create space for someone else to participate.

Additionally, if your child is going to be absent any day during their enrollment, please let us know as soon as possible.

**Check the weeks in which your child will be attending Summer Wize Girlz:**

Week 1 06/08/26 – 06/12/26	Week 2 06/15/26 – 06/19/26 *closed June 19 <sup>th</sup>	Week 3 06/22/26 – 06/26/26	Week 4 06/29/26 – 07/03/26 *closed July 3 <sup>rd</sup>
Week 5 07/06/26 – 07/10/26	Week 6 07/13/26 – 07/17/26	Week 7 07/20/26 – 07/24/26	Week 8 07/27/26 – 07/31/26 *closing @ 12:00 7/31

**Handbook Agreement:**

I have been given a copy of the YWCA Summer Wize Girlz Handbook. My child and I have read and agree to follow the rules and expectations. *\*Wize Girlz participants must read, understand, and agree to all items in the handbook.*



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
Summer Wize Girlz Participant Signature

\_\_\_\_\_  
Date

**Permission Statement:**

By signing below, I am giving permission for my child to attend the Summer Wize Girlz program offered through the YWCA of Black Hawk County. I understand my child is voluntarily participating in the Summer Wize Girls program. I understand that Summer Wize Girlz activities will take place at the YWCA and/or various locations in the community. I hereby waive my right for financial claim against the YWCA of Black Hawk County and its employees for any injuries, damages, thefts, or losses that may be incurred because of participation in the activities offered by the YWCA. This agreement will hold true for the length of time my daughter participates in the Summer Wize Girlz program.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**If you have any questions, comments, or concerns, please contact Kaylee Thoma at the YWCA:  
319-234-7589 or [ktthoma@ywcabhc.org](mailto:ktthoma@ywcabhc.org)**

For grant reporting purposes, it is helpful for us to know some additional information about our participants families. Providing the following information is optional.

Household Income:

\$0 - \$9,999     \$10,000 - \$14,999     \$15,000 - \$24,999     \$25,000 - \$34,999     \$35,000 - \$49,000  
 \$50,000 – \$74,999     \$75,000 and above

Does the Wize Girlz participant speak any other languages besides English? If so, please list:

\_\_\_\_\_

**Wize Girlz Expectations - Parents and Participants** *\*this is just an overview of our policies. You & your child must also fully read & agree to the included handbook prior to enrollment.*

The Wize Girlz program wants your involvement with the YWCA to be a positive, fun, and safe experience! To do this, there are some rules that must be followed. By participating in Wize Girlz, you are agreeing to the following:

**Transportation** – expectations while riding a YWCA bus:

- **SEATBELT MUST BE WORN AT ALL TIMES.** *(staff will confirm that seatbelts are secured before bus departs)*
- You must always stay seated. *(participants may be required to move seats should an issue arise)*
- No eating or drinking is allowed on the bus.
- Participants will be expected to clean up any debris (mess) created/left behind by participant.
- No yelling or hand/facial gestures out bus windows *(voices should be kept at a reasonable volume for driver safety)*.
- Explicit content, including music, videos, etc. is prohibited during the duration of the ride.

**Cell phone use is not permitted during group time.** Cell phone use during group time becomes problematic, causing distractions that take away from quality programming. You must agree to place phone in a designated, secure location during group time *(this will be visible to staff and will be locked up when unattended.)* \*There will be specified times throughout the day when phone use will be allowed, if used appropriately.

**Expected Behavior:**

- Hands need to be kept to yourself. No physical fighting or threats. This includes, but is not limited to hitting, slapping, poking, shoving, pulling, grabbing, or acting as if you are going to hit, slap, etc. *\*even if you are just playing around.*
- Name-calling, put downs, verbal threats, or swearing will not be tolerated in the Wize Girlz program. The following are just *some* examples of words that will not be allowed: Shut up, stupid, idiot, swear words etc.
- Be kind to everyone and respect others at ALL times! This includes Wize Girlz peers, YWCA staff, participants, guest presenters, and anyone met on field trips.

**❖ When participating in Wize Girlz, whether at the YWCA or off site on field trips, you are representing the YWCA and will be expected to conduct yourselves accordingly.**

- Avoid bringing items of value; the YWCA is not responsible for any lost or stolen money or personal items.
- YWCA lobby, restrooms, & drinking fountain
  - Restroom and drinking fountain may be used one person at a time, and you must notify staff first.
  - **The use of cell phones in YWCA restrooms and locker rooms is prohibited.**
  - Talk quietly when passing through the lobby and YWCA hallways.

**❖ It is imperative that our expectations be followed to ensure a safe and enjoyable experience for all participants ❖**

- ➔ If issues arise, the resulting actions taken may include any of the following:
  - Unless action is severe, participants may receive up to three warnings before additional actions are taken.
  - Pulling you aside during group time to discuss the behavior and possible consequences.
  - Giving you an assigned seat during the program
  - Placing a call to parent(s)/guardian(s)
  - Removal from current group activity; up to temporary suspension or permanent termination from the program.

**My signature below states that I understand and agree to follow the above expectations and potential consequences:**



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
Summer Wize Girlz Participant Signature

\_\_\_\_\_  
Date





## Permission Form: Girls Circle

SuccessLink-Together For Youth, in partnership with the YWCA, will offer the **Girls Circle** curriculum through the **Wize Girlz** program in June and July. The Girls Circle curriculum includes various aspects to encourage students to feel empowered and grow up healthy and happy. We will be offering the curriculum to **Wize Girlz** participants. This curriculum will focus on topics such as empowering to make healthy changes, sexting (as well as internet bullying), risky behaviors, such as those involving alcohol and other drugs, healthy vs unhealthy coping, girls being their own friend first, and being included and being left out, friendships, healthy relationships, age-appropriate sexual health, healthy boundaries, body image, consent, and communication skills. For more information regarding Girls Circle, visit: [onecirclefoundation.org/girls-circle](http://onecirclefoundation.org/girls-circle)

Below is the permission slip that must be filled out in order for your student to participate. Please return the permission slip to Kaylee Thoma, Youth and Family Services Director. The Girls Circle group will meet once per week on Tuesdays for eight weeks, beginning Tuesday, June 9, and concluding Tuesday, July 28.

My student, \_\_\_\_\_, has my permission to participate in the summer 2026 session of Girls Circle. I understand that Girls Circle encourages creative and verbal expression and that the Girls Circle guidelines that follow provide the foundation for Girls Circle communication.

### Circle Guidelines:

1. We encourage safety and confidentiality to respect all students.
2. We can "pass" whenever we choose. No one will be pressured to speak.
3. We will talk about our own experiences. If we talk about others, it is only to explain how they affect us in some way.
4. We will not try to advise others, but listen to them. If they ask for advice, we will share any experience we have that might be useful.
5. We will avoid interrupting others.
6. We will accept others' opinions or feelings as their own, without making them out to be wrong when they think differently.
7. We will participate in each meeting. If we have to miss a meeting, we will let an adult know, so people will know that we are ok.
7. We may invite guest speakers if relevant to curriculum topics and could enhance student learning.
8. We will choose topics based on students' interests and needs; curriculum topics include: Body Image, Relationships with Peers, Friendship, Expressing My Individuality, Paths to the Future, My Family, My Self, Honoring Our Diversity, Being a Girl, Mind/Body/Spirit, Who I Am, & Wise & Well.

**I understand that I may contact Girls Circle Facilitators, Shawna Haislet or Olivia Kirk, with questions at 641-854-0553 or email: [shawna@successlink.us](mailto:shawna@successlink.us)**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



**Participant Authorization for Photographs, Videos, and Written Statements**

I hereby authorize the use and/or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary. **I authorize Together For Youth and Circle to use the name, photograph, video, or written statement of myself and/or my child in print and/or online, including social media.**

I realize I will receive no payment in connection with any publication or use of these photographs, videos, or audio recordings or statements, and I waive any claims that I or others have for such payments.

I do now and shall in the future hold Together For Youth, and all collaborating agencies blameless and free from any claims in connections with the consent and use of materials specified above.

This form has been explained to me, or I have read and fully understand this form and all questions that I have been asked have been answered to my satisfaction.

**The participant or participants' representative must read and initial the following statements:**

- I understand that no aspect of my involvement in Circle will be negatively affected if I do not sign this form.

**Initials:** \_\_\_\_\_

- I understand that this authorization will expire on **(one year from today's date)** \_\_\_\_\_ unless I revoke it earlier.

**Initials:** \_\_\_\_\_

- I understand that I may revoke this authorization at any time by notifying the Circle Facilitator, but that if I do so, it will not have an effect on any actions taken before the revocation is received.

**Initials:** \_\_\_\_\_

**Participant Name** (Please Print Legibly)

\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Guardian Name** (if participant is under 18) (Please Print Legibly)

\_\_\_\_\_

**Guardian Signature**

\_\_\_\_\_

**Today's Date**

\_\_\_\_\_

## Consent for Youth Participation

Participant's Name: \_\_\_\_\_

I hereby request and consent that my child or ward be permitted to participate in his/her ISTEP Chapter activities during the \_\_\_\_\_ school year.

I understand and agree to the following:

- The purpose of ISTEP is to educate students about the tobacco industry, tobacco prevention, the ISTEP campaign, and other tobacco-related issues. My child or ward may be exposed to graphic images involving the consequences of tobacco use as a part of these activities.
- In consideration of my child or ward being allowed to participate in the ISTEP Chapter Activities, I hereby release from liability and agree to indemnify and hold harmless my child's organization, the State of Iowa, the Iowa Department of Health and Human Services, and their officers, employees, and agents from any claim or cause of action arising out of and related to any injury, loss, damages or other liabilities that may occur as a result of my child or ward's participation in his/her ISTEP Chapter activities.
- I authorize any official, employee, agent, or volunteer to consent to emergency medical treatment as necessary for the health and safety of my child or ward. I further agree that no official, employee, agent, or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless my child's organization, the Iowa Department of Health and Human Services, other sponsoring agencies, and the Department and other sponsoring agencies' officials, employees, agents, and volunteers from any and all liability, damage, loss, claims, or demands whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.
- I grant permission for my child or ward to appear in person or in voice, video, or photographic presentation for radio, television, electronic or print media reports and/or media campaigns resulting from participation in his/her ISTEP Chapter activities.

Parent/Guardian Name (Printed) \_\_\_\_\_

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

IDHHS Division of Tobacco Use Prevention and Control  
321 East 12<sup>th</sup> St. / Des Moines, Iowa / 50319-0075  
Phone 515-281-6225 / Fax 515-281-6475

