



Thank you for your interest in the DIVAS program from Baltimore Child Abuse Center (BCAC). The program is designed to build self-esteem, develop communication skills, and improve personal safety. It promises to be an exciting adventure that you will never forget. The objective of the DIVAS program, which stands for Developing Inner Values to Acquire Success, is to prepare young girls to increase their knowledge and awareness of issues and concerns that affect young women in areas such as personal safety, effective communication, improving self-esteem and resolving conflict. Please complete and submit the application below and you will be contacted soon. If you have any questions, feel free to contact BCAC at 410-396-6147 x1018.

Date: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

School Name/Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

What would like to gain from the DIVAS program? \_\_\_\_\_

What do you want to be when you grow up? \_\_\_\_\_

Who are your role models and why? \_\_\_\_\_



## Parental Consent

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to participate in the activities through the DIVAS program through BCAC. I grant permission to take photographs that will be used on BCAC's website, in their newsletter, for flyers, brochures and other promotional purposes without compensation. I also understand that in order for BCAC to maintain a safe and healthy environment for all children, drugs, alcohol, violence, abusive language and misconduct will not be tolerated at any activity. Therefore I understand that it will be my responsibility to pick my child up immediately if they are removed for disciplinary reasons. By signing, I fully acknowledge and understand the above agreement. I give permission for my child to attend and participate in the DIVAS program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Sign Parent/Guardian Name

Please list any days during the school week your child will be unavailable for the program:

\_\_\_\_\_

# Vehicle Transportation Permission



I give permission for my child \_\_\_\_\_ to be transported in a motor vehicle driven by a representative of BCAC for the DIVAS program. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions of the driver and/or adult volunteers. By signing below, I understand and assume the risks of my child's participation in transportation. For myself, my heirs and assigns, I agree to waive, release and forever discharge any claim for injury or damage and to hold BCAC and their board of directors, officials, agents and employees harmless from any claim, loss, liability or expense, including attorney fees, resulting directly or indirectly from their participation in transportation, except those cases where the acts of BCAC and their officials, agents or employees have been determined to be negligent by a court of competent jurisdiction. I have read this waiver, fully understand it and agree to be legally bound by its terms.

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Sign Parent/Guardian Name

## Consent for Service

I, \_\_\_\_\_, give my consent to BCAC to administer first aid or authorize treatment in case of emergency that requires immediate or urgent attention. I also grant permission for the leader in charge or designee to make arrangements for qualified medical attention in the event of an emergency. I understand that I will be notified by the quickest means possible if this authority is exercised. I also understand that I will be contacted if serious behavior or safety concerns arise. I release and hold harmless any BCAC staff from any claim for injuries or unforeseen accidents while my child is participating in any organized activities. The site of the program in no way implies that its employees, agents or students are liable from any claim for injuries or unforeseen accidents.

Does your child have any medical conditions we need to be aware of? If so, please state the nature of their medical condition:

\_\_\_\_\_  
\_\_\_\_\_

My signature indicates that I have read the statements above, understand them and agree to them.

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Sign Parent/Guardian Name

