



Dear Parents and Guardians,

iMAD Girls is an after-school program that promotes healthy choices and responsible decision making. Our mission is to be a mentor program to help girls through everyday struggles that come with being a teen, as well as give them healthy options for coping with anger, bullying, pressure to become sexually active, peer pressure, etc. We want all our teens to have the skills it takes to be a positive leader within themselves and their communities.

Please make sure to fill in the parent/ guardian email in the form provided in this packet. The forms in this packet will need to be turned in NO LATER than 2 weeks after the start of the program. There is an iMAD Girls sponsor at each school. This gives students a place to drop off packets, receive reminders, and pick up forms. Students MUST turn in forms to be a part of the program.

iMAD Girls will run throughout the school year, however there are a few dates the program will not be held. A monthly calendar will be emailed to both parents and school sponsors the week prior to the start of each month to keep you informed of important dates as well as the topics we will be addressing.

If you have any questions, please feel free to contact Lindsey Kelly, iMAD Girls Senior Health Educator, at [lindsey.kelly@hrhn.org](mailto:lindsey.kelly@hrhn.org) or call at 863.452.6530, ext. 304.

Sincerely,

A handwritten signature in black ink that reads "Lindsey Kelly".

Lindsey Kelly  
Data Manager/ iMAD Girls Senior Health Educator

A handwritten signature in black ink that reads "Larry Moore".

Larry Moore  
iMAD Program Director

iMAD Girls is an after-school activity and is independent from the School Board of Highlands County. The school is neither endorsing nor sponsoring this program nor approving or endorsing the views of the organization sponsoring the program. The school does not require you to attend or participate in this after-school program.



## Student Registration & Information

To register your student for iMAD Girls, please complete this packet and return to:

SMS: Wilma Tindell, School Resource Officer

There is a maximum of 20 girls for each group so please return the completed packet as soon as possible, and no later than the second week of the program. Parents, please put YOUR email address so you may receive updates about the program. Our mentors have all had Level II background checks and have been cleared through the Highlands County School Board.

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

Parent/ Guardian Phone Number: \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_

Emergency Contact in the event a Parent/Guardian cannot be reached:

\_\_\_\_\_

Name

Relationship to Student

Phone Number

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

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

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

Does student receive text?       Yes       No

Do you give the iMAD Girls Mentor permission to text student? (These reminders include: returning signed forms, meeting places, etc.)       Yes       No

Parent involvement is a key factor in your child's success. We like to keep parents up to date on what we are doing with your child as well as the topics covered. Your email will be used to notify you of events, topics, classes, etc. and will NOT be given out to any 3<sup>rd</sup> party. If you have any questions, please contact Lindsey Kelly via email at [lindsey.kelly@hrhn.org](mailto:lindsey.kelly@hrhn.org), or via phone at 863.452.6530.

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## Program Participation Information/ Parent Waiver Form

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

Date of Birth: \_\_\_\_\_ School: SMS Grade: \_\_\_\_\_

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

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

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### PERMISSION AND RELEASE FROM LIABILITY

I give my teen permission to participate in the iMAD Girls Program. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. I understand and expressly acknowledge that I release the School Board of Highlands County and Sebring Middle School from all liability. I have read this form and grant permission for my child to participate.

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Parent/ Guardian Signature

Date

Staff Initials

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### PERMISSION AND RELEASE FROM LIABILITY

I give the iMAD Girls educators permission to use photos taken of my child for the purposes of promoting the program on social media sites including but not limited to Facebook, Twitter, and Instagram, and the iMAD Girls website. I understand and expressly acknowledge that I release Heartland Rural Health Network and Sebring Middle School from all liability. I have read this form and grant permission for my child to participate in the social media sites and iMAD Girls website.

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Parent/ Guardian Signature

Date

Staff Initials

For more information, contact Lindsey Kelly at [lindsey.kelly@hrhn.org](mailto:lindsey.kelly@hrhn.org) or call 863.452.6530, ext 304.

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## iMAD Girls Parental Consent

I hereby give consent for my daughter, named below, to participate in the iMAD Girls after-school program held at her middle school. I understand that the iMAD Girls program is a Personal Responsibility Education Program and as such, the trained teachers will be discussing sex, STD's, and pregnancy at times during the program. The program will also be covering information about making healthy choices in her life regarding the following: responsible driving, safe internet and cell phone use, self-esteem, bullying, and other topics. Furthermore, I understand that iMAD Girls is independent from the School Board of Highlands County and is brought to my daughter by Heartland Rural Health Network, Inc. at no charge to the parent or school.

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

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

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

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

School: SMS

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### MODEL RELEASE FORM

I hereby \_\_\_\_\_ consent, or \_\_\_\_\_ DO NOT, consent that the photographs/ videos taken of my daughter \_\_\_\_\_ (a minor) by "iMAD Girls of Highlands County" or its collaborators and other information which is provided may be used by "iMAD Girls of Highlands County" or its collaborators for the purposes of press releases, promotional brochures, and special fundraisers.

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

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

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

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### PICK UP POLICY

I have read and understand the policy regarding the iMAD Girls Pick Up Policy **(see the next page)**.

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

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

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

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## iMAD Girls of Highlands County Pick Up Policy

iMAD Girls has a specific Pick Up Policy we follow to protect our staff, you and your child(ren). We expect your child(ren) to be picked up promptly at the designated end time, noted below. We cannot leave any child(ren) (even teenagers) unattended after classes end. There will not be anyone to care for your child(ren) 15 min after the end of the program.

We understand that emergencies come up from time to time. If you are aware that you are going to be late, please make every effort to make other arrangements to have your child(ren) picked up promptly. If you have an emergency please contact the class educator so they are aware of the situation. Repeated late pick up may require withdrawal from the program until additional local and available emergency persons are designated or the situation is corrected.

**\*\*KEEP THIS FORM FOR YOUR RECORDS\*\***

Your iMAD Girls Educator: Lindsey Kelly

Your iMAD Girls End time: 4:30 pm                      Pick Up time: 4:30-4:45 pm

Your iMAD Girls Educator Cell Phone Number: 813.716.8222

SMS iMAD Girls will be meeting Tuesdays, immediately after school, from 3 pm- 4:30 pm. The dates for the program are November 7, 2017 - May 8, 2018.

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The production of this packet was made possible by Grant Number 90AK042-02-00 from the Department of Health and Human Services, Administration for Children and Families. Its contents are solely the responsibility of Heartland Rural Health Network and do not necessarily represent the official views of the Department of Health and Human Services, Administration for Children and Families.