

**GIRLS ON THE RUN® SALT LAKE COUNTY
REGISTRATION FORM
Spring Session (March-May 2011)**

PARTICIPANT'S NAME: _____
NICKNAME: _____

SITE/SCHOOL: _____

AGE ON March 1, 2011: _____
BIRTHDATE: _____
GRADE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (day) _____
(evening) _____ **(cell)** _____

PARENT E-MAIL: _____

T-SHIRT SIZE: Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL
(10-12) (14-16)

Optional Race/Ethnicity Disclosure: (some of our charitable donors collect this information):
 White Black Hispanic Asian Other: _____

The 9-12-week program that begins the first week in March and meets once a week through the third week in May. My daughter can attend practices on:

on _____ and _____ from _____ to _____ pm.

OR on _____ and _____ from _____ to _____ pm.

RELEASE

Please indicate how you would like us to release your child at the end of each session. (You may check more than one.)

One of the following people will pick up my child: _____

My child is permitted to walk home unescorted

Other (Please describe) _____

GOTR HISTORY

Has your daughter participated in GOTR during a prior season? Yes No

PHOTOGRAPHS

During the program we occasionally take photos of the girls and local news or other media may feature the program. May we use media/photos of your child for future brochures, publications, or in other ways to promote the program?

Yes No

PRE/POST EVALUATION

As part of our national program, we participate in a survey of the girls, designed to assess the changes in attitudes, beliefs and skills of the program. Your daughter will not be asked to provide her name on her questionnaire. May we include your child in this survey?

Yes No

FORM A – PLEASE PRINT NEATLY AND RETURN

VOLUNTEERS NEEDED

Volunteer coaches are needed to lead each team of girls. Coaches do not need to be runners. In addition, we need volunteer running buddies for each of the participants, who run both the practice 5K and the actual 5K race with their designated girl. Are you interested in receiving more information about coaching or being a running buddy? Please be sure we have your email address above.

- Yes No

REGISTRATION FEE – check a box below and attach a check or money order

The cost of the Girls on the Run program is \$160 per girl for the twelve week program. This \$160 covers the full cost of one child’s participation which includes:

- 24 lessons conducted by certified GOTR coaches
- official GOTR T-shirt
- participation in the 5K Celebration Event at the end of the session + Race T-shirt
- a water bottle
- a healthy snack at each practice

A family that can afford to pay \$160 is asked to pay the full amount. Participants of Girls on the Run and their families who are not able to pay \$160 choose a program fee ranging from \$25.00 to \$159, as set forth in the fee section below. Girls participate equally in the program regardless of the fee their family selects. **Girls must complete the program to receive all benefits noted above.** Local fund raising efforts and donations help to bridge the gap between program fees paid and necessary sponsorship. Families that have the ability to and are interested in supporting the program beyond the \$160 may choose to sponsor additional girls as well in the fee section below.

Family Income	Fee
Greater than \$50,000	\$160
\$49,000-\$30,0000	\$120
\$29,999-\$20,000	\$75
\$Less than \$19,999	\$25

Documentation verification is requested for sponsorship participant is the prior year IRS tax return.

- I choose to pay a registration fee in the amount of \$ _____. My check or money order is attached made payable to Girls on the Run Salt Lake County®. Check number: _____.
- I am unable to pay the full registration fee and ask to have my daughter be a sponsored participant. I have included payment of \$ _____ which represents a discounted registration fee, as set forth above.
- I would like to sponsor another child who is unable to pay to participate and/or make a contribution to Girls on the Run Salt Lake County in the amount of \$ _____.

***NOTE: Program fees are non-refundable after March 20, 2011.**

PROMOTIONAL RELEASE

With your permission we provide your daughter’s name and address to Girls on the Run International® for your daughter to receive a national Girls on the Run® Newsletter or occasional Girls on the Run® promotional information. As part of our agreement with Girls on the Run International® and its sponsors, the registration information provided may result in your receiving information from Girls on the Run® or its sponsors on products or services, such as Girls on the Run® apparel and accessories.

AUTHORIZATION

Physical reactions to exercise may include heat related illnesses, abnormal heartbeats and blood pressure and, in rare instances heart attacks. Serious health risks are rare. While Girls on the Run® takes all reasonable precautions, we can make no guarantees regarding these risks. I recognize there is a risk of personal injury by participating in the 5K run/walk. I hereby for my daughter, myself, my heirs, executors, and administrators, waive and release all rights and claims for damages I may have against Girls on the Run Salt Lake County, any sponsors of the event, its agents, representatives, successors and assigns for any and all injuries suffered by my daughter or which may rise out of traveling to, participating in, and returning from this 5k event.

I have read this form and understand there are inherent risks associated with physical activity. To the best of my knowledge my child is physically healthy and is able to participate in the Girls on the Run® program. By my signature below, I give permission for my daughter to participate in this program, the final 5k Run, the evaluation testing and the newsletter release as specified above to be provided to the national office of GOTR®.

FORM A – PLEASE PRINT NEATLY AND RETURN
Participant's Name (print please)

Signed by parent or guardian

Date

FORM A – PLEASE PRINT NEATLY AND RETURN

**GIRLS ON THE RUN® SALT LAKE COUNTY
HEALTH HISTORY FORM
To be completed by a parent/guardian**

PARTICIPANT'S NAME: _____ SITE/ SCHOOL NAME: _____

AGE: _____ BIRTHDATE: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN PHONE: (day) _____ (evening) _____ (cell) _____

PARENT/GUARDIAN PHONE: (day) _____ (evening) _____ (cell) _____

YES NO (please check appropriate box) YES NO

Heart disease or heart problems			Orthopedic or muscular problems		
Stroke			Diabetes or abnormal blood sugar test		
Epilepsy or seizures			Asthma (If yes and your child uses an inhaler, please send one with your child to all practices)		
Hypertension – high blood pressure			Food or other allergies, please list:		
Any major health problems, please list:			Use of prescription drugs, if yes, please list:		

THESE ARE COMMON HEALTH PROBLEMS THAT ARE IMPORTANT TO BE AWARE OF SO THAT OUR EXERCISE ROUTINES WILL BE SAFE.

Emergency contact(s) in case parent/guardian cannot be reached:

Name	Relationship to participant	Phone 1	Phone 2

Who is your child's pediatrician/family physician?

_____ Phone: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby give permission to the medical personnel selected by GIRLS ON THE RUN SALT LAKE COUNTY® to provide transportation and obtain medical care for my child. In the event I cannot be reached and you are unable to reach my emergency contact, in an emergency, I hereby give permission to the physician selected by GIRLS ON THE RUN® to secure and administer treatment, including hospitalization for the person named above (GIRLS ON THE RUN® participant).

Signature of parent/guardian

Date

FORM A – PLEASE PRINT NEATLY AND RETURN