



2010 Participant Registration Form

Participant Name: _____ Site/School Name: _____

Birthdate: _____ Age on 9/13/10: _____ Grade: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

	Name	Work Phone	Mobile Phone
Parent/ Guardian 1			
Parent/ Guardian 2			

Parent/Guardian Email(s): _____

By providing an email address, you give GKGOTR permission to send you periodic communications.

Parent/Guardian Place(s) of Employment: _____

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

Race/Ethnicity Disclosure (Optional; some of our charitable donors collect this information):

White Black Hispanic Asian Multi-Racial Other: _____

The 10-week program begins the week of September 13th and meets twice per week through November 24th. (See cover letter for practice day/time options and fill in ALL your child could attend. Your site liaison will confirm your daughter's assigned practice days and times at a later date). My daughter can attend practices on:

on _____ and _____ from _____ to _____ pm.

OR on _____ and _____ from _____ to _____ pm.

PICK UP AUTHORIZATION

We care about the safety of our participants. For this reason, we ask that you list all individuals authorized to pick your daughter up from Girls on Track. She will only be released to individuals on this list. Please list yourself as well. Additional individuals can be listed on an attached page.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

WALK HOME AUTHORIZATION

I grant permission for my daughter to walk home from Girls on Track. I understand that Girls on the Run is not responsible for my daughter once she is released from each practice.

Parent/Guardian signature: _____ Date _____

GOTR HISTORY

Has your daughter participated in Girls on the Run® or Girls on Track during a prior season? Yes No

COACHES AND VOLUNTEERS NEEDED *Please be sure we have your email address on page 1.*

Volunteer coaches are needed to lead each team of girls. Coaches do not need to be runners. Are you interested in receiving more information about coaching GOT ?

Yes No

Are you interested in receiving more information about other volunteer opportunities within GOTR?

Yes No

General Health Questions (If “Yes”, please explain below):

QUESTION	YES	NO	QUESTION	YES	NO
1. Had any recent injury, illness or infectious disease?			11. Ever had back problems?		
2. Have a chronic or recurring illness/condition?			12. Ever had problems with joints?		
3. Have frequent headaches?			13. Ever had chest pain during or after exercise?		
4. Ever had a head injury?			14. Have diabetes?		
5. Ever been knocked unconscious?			15. Have asthma?		
6. Wear glasses, contacts or protective eyewear?			16. Ever had an eating disorder?		
7. Ever passed out during or after exercise?			17. Ever had high blood pressure?		
8. Ever been dizzy during or after exercise?			18. Ever been diagnosed with a heart murmur?		
9. Ever had seizures?			19. Had first menstruation?		
10. Have orthodontic appliance being brought to school?					

Please explain any “yes” answers, noting the number of the question(s):

Allergies (please list any/all allergies participant has experienced): _____

Do these allergies require the use of an epi-pen? _____ *(If your daughter uses an epi-pen, please send one with her to all practices.)*

Medications (please list any/all medications participant is currently taking, including inhalers. *If your daughter uses an inhaler, please send one with her to all practices.*):

Will these medications be taken during practice? _____

Preferred Hospital Provider: _____

Physician’s Name: _____ Phone: _____

Dentist’s Name: _____ Phone: _____

Emergency Contacts (contacted only after efforts to reach parent/guardian fail):

Contact Name	Relationship to Participant	Phone 1	Phone 2
#1			
#2			

PROGRAM AND 5K EVENT PARTICIPATION

I am the parent or legal guardian of _____, a minor ("Participant"). I agree that the Participant may participate in the Girls on Track program. The purpose of the program is to increase the Participant's activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to the Participant as she enters middle school/adolescence. I understand that during the program, the Participant will be involved in outdoor physical activities. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. While Girls on the Run takes all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, and in consideration for allowing the Participant to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Greater Kalamazoo Girls on the Run, Kalamazoo Communities In Schools, and Girls on the Run International, their owners, directors, officers, contributors, sponsors, employees, contractors, agents and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of me or the Participant related directly or indirectly to the program (including without limitation the 5k race), and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions.

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

In addition, I hereby authorize Greater Kalamazoo Girls on the Run, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the Participant by any health care professional who may treat the Participant. I agree to pay for any such treatment and to reimburse Greater Kalamazoo Girls on the Run for all costs and expenses it may incur related to such treatment.

PHOTOGRAPH RELEASE Yes No

I hereby grant to Girls on the Run the absolute and irrevocable right and permission, in respect of the photographs and videos that have been or will be taken of the Participant or in which the Participant may be included with others, to copyright the same, in the name of Girls on the Run or otherwise; to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs and videos, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my name in connection therewith. I hereby release and discharge Girls on the Run from any and all claims and demands arising out of or in connection with the use of the photographs and videos, including without limitation any and all claims for libel or invasion of privacy. Note: agreement with this is not a requirement for participation.

EVALUATION PARTICIPATION Yes No

I understand Participant may complete a confidential pre and post survey at the beginning and conclusion of the program. The survey measures student attitudes toward school, family, self and peers. Participant will not be asked to provide her name on her survey. The purpose of the survey is to measure any group attitudinal changes that occur because of participation in the Girls on the Run program. This survey was developed especially for Girls on the Run by Rita DeBate, PhD, University of South Florida. Registration and test information is shared with Girls on the Run International. Note: agreement with this is not a requirement for participation.

GENERAL CONSENT INFORMATION

I understand Participant may receive antiperspirant/deodorant as a gift from Secret®, a national sponsor of Girls on the Run. I understand Participant may receive Kellogg's Frosted Flakes cereal as a gift from Kellogg's, a national sponsor of Girls on the Run. Secret and Kellogg's Frosted Flakes proudly support the Girls on the Run program in helping prepare girls for a lifetime of self-respect and healthy living.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and Participant may have or possess against Girls on the Run. To the extent permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement.

I have fully read the above permissions and releases, understand them, and I expressly agree to them. I hereby certify that there are no contraindications to the Participant's participation in the Girls on Track program. I am the parent or legal guardian of the Participant, and this permission and release is binding on me and my executor, administrators and heirs.

Participant's Name (please print): _____

Signed by Parent or Guardian: _____ Date: _____

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

The actual out of pocket cost of the GOT program is approximately \$150 per girl for the twice per week, ten week program. This \$150 covers the full cost of one child’s participation which includes:

- a pair of New Balance running shoes
- 20 lessons conducted by two certified GOT coaches
- an official Girls on Track T-shirt
- participation in Western Michigan University’s Turkey Trot 5k beginning and ending on the campus of Western Michigan University
- a water bottle
- a healthy snack at each practice
- a 5k finisher’s medallion

A family that can afford to pay \$150 is asked to pay the full amount. Participants of Girls on Track and their families who cannot afford to pay \$150 choose a program fee ranging from \$0 to \$149. Girls participate equally in the program regardless of the fee their family selects. Girls must complete the program to receive all benefits noted above including the shoes. ***The following scale is provided for families to choose what they believe they can afford. The financial sustainability of our program depends on the honesty and integrity of parents who choose their appropriate registration amount. It is essential that each family contribute as much toward the full cost of the registration fee as it can afford.*** 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 \$150 may choose to sponsor additional girls as well in the fee section below.

Reading the Scale: Find the correct number for your household in the “# of Family Members in Household” column. In that row, select the box that represents your household’s annual income from the last year. Follow the column down to the “Suggested Amount” box at the bottom. *Example: A household of 5 family members with an annual income of \$40,000 would choose a registration fee between \$50 and \$99.*

# of Family Members in Household	Annual Income			
	\$0-\$20,000	\$20,001-\$32,500	\$32,501-\$50,000	\$50,001+
2	\$0-\$20,000	\$20,001-\$32,500	\$32,501-\$50,000	\$50,001+
3	\$0-\$22,000	\$22,001-\$36,500	\$36,501-\$55,000	\$55,001+
4	\$0-\$25,000	\$25,001-\$41,000	\$41,001-\$61,000	\$61,501+
5	\$0-\$27,000	\$27,001-\$44,000	\$44,001-\$66,500	\$66,500+
6	\$0-\$29,000	\$29,001-\$47,000	\$47,001-\$71,000	\$71,001+
7	\$0-\$31,000	\$31,001-\$50,500	\$50,501-\$76,000	\$76,001+
8	\$0-\$33,000	\$33,001-\$54,000	\$54,001-\$81,000	\$81,001+
Suggested Amount	\$0 - 49	\$50 - 99	\$100 - 149	\$150

- I choose to pay a registration fee in the amount of \$ _____.
My check or money order is attached made payable to KCIS/Girls on the Run. Check #: _____.
- I am unable to pay a registration fee and ask to have my daughter be a sponsored participant.
- I would like to donate an additional \$_____ to make Greater Kalamazoo Girls on the Run available to all girls.

NOTE: Program fees are non-refundable after September 1, 2010.