



**Dear Girls on the Run® and Family,**

Welcome to Girls on the Run®! I look forward to your participation in the program and hope that you are going to have as much fun as I am! Please keep in mind the following for each Girls on the Run® session:

1. Always wear athletic shoes, preferable running shoes to workout in. (You will not be able to run with us if you are not wearing appropriate shoes). Don't forget socks too, because you might get blisters without them.
2. Wear clothes that are appropriate for running and playing. Shorts and a t-shirt work best. If it is really hot, wear light colored, loose fitting clothing. If it is cold, wear layers and remember to bring HAT and GLOVES!
3. Always bring a FULL water bottle.
4. Always come with a be-yourself kind of attitude. Everyone is valued, whether they run fast or not. Running and walking are fun, but being a part of Girls on the Run® is even more fun! Everyone is important!

We will meet on MONDAY AFTERNOON from 3:20-4:45 and THURSDAY morning from 7:15-8:40. (BAND and SAFETY PATROL may leave early, so please be on time.) If it rains, we will still meet. Meeting place for rain will be announced once we are in the NEW BUILDING!

We will run the final 5K race on December 4<sup>th</sup> at American University. You will get more information about registering for the race. We encourage family and friends to participate along with their daughters. More details to come!

At our first session on SEPTEMBER 12<sup>th</sup>, please bring your registration and health history forms and payment to your coach, unless you have already turned them in. You will not be able to participate without these.

If you have any questions, please see Coach Lauren at school in room 108, or email [MissRockwellsClass@gmail.com](mailto:MissRockwellsClass@gmail.com).

You Go Girl!

Coach Lauren, Coach Susan, and Coach Elizabeth \*Only get to call us that at practice \*☺  
Your Girls on the Run® Coaches

## **SPECIAL ANNOUNCEMENT**

### **Nickelodeon's 8<sup>th</sup> Annual Worldwide Day of Play**

**COME CELEBRATE WITH NICKELODEON AND GIRLS ON THE RUN ON THE NATIONAL MALL!  
FAMILY-FRIENDLY ACTIVITY ZONE WITH THE BEST IN PROFESSIONAL AND YOUTH SPORTS, HEALTH AND  
WELLNESS AND COMMUNITY-BASED ORGANIZATIONS**

**PERFORMANCES BY MIRANDA COSGROVE, VICTORIA JUSTICE AND BIG TIME RUSH**



# Fall 2011 Participant Registration Form

Date: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Site/School Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age on 9/12/11: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

	Name	Work Phone	Mobile Phone
Mother/ Guardian 1			
Father/ Guardian 2			

**Parent/Guardian:**

Email(s): \_\_\_\_\_  
 By providing an email address, you give GOTR-DC permission to send you periodic communications.

**Parent/Guardian:**

Place(s) of Employment: \_\_\_\_\_

**Participant 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):  
 African American  Asian  Caucasian  Hispanic  Multi-Racial  Other: \_\_\_\_\_

The program begins the week of September 12th and meets twice per week through December 2nd. The end of season 5K Run/Walk Event will be held at American University on December 4<sup>th</sup> at 1 p.m. Your school/site will inform you of practice times/locations.

**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 the Run. 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 the Run. 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® 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 GOTR?  Yes  No

Are you interested in receiving more information about other volunteer opportunities within GOTR?  Yes  No

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**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? \_\_\_\_\_

**Medications** (please list any/all medications participant is currently taking, including inhalers).

\_\_\_\_\_

**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 the Run 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 Girls on the Run - DC, 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 Girls on the Run - DC, 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 Girls on the Run - DC 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 and electronic media (i.e. Facebook) matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my participant's 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 the Run 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 GOTR program is approximately \$165 per girl for the program. This \$165 covers the full cost of one child’s participation, which includes:

- Lessons conducted by trained and CPR certified GOTR coaches
- All coaching materials needed to conduct lessons, including curriculum
- End of season celebration
- Official Girls on the Run T-shirt
- Water bottle
- Participation in the New Balance GOTR 5K
- 5K finisher’s medallion

Girls on the Run – DC is a non-profit 501(c)3 organization. A family that can afford to pay \$165 is asked to pay the full amount. Participants of Girls on the Run and their families who cannot afford to pay \$165 choose a program fee ranging from \$10 to \$164. Girls participate equally in the program regardless of the fee their family selects. Girls must complete the program to receive all benefits noted above. ***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 \$165 may choose to sponsor additional girls as well in the fee section below.

<b>Household Income</b>	<b>Program Fee</b>
\$<30,000	\$10
\$30,001-\$49,999	\$30
\$50,000-\$60,000	\$60
\$60,001-\$74,999	\$90
\$75,000-\$99,999	\$120
\$100,000+	\$165

- 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 - DC. Check #: \_\_\_\_\_.
- GOTR-DC is an official 501(c)3 and provides over 60% of its participants with program scholarships. I would like to donate an additional \$\_\_\_\_\_ to make Girls on the Run – DC available to all girls.**

**Return this application with your payment to your coach by September 8, 2011.**

Shoe Scholarship Application  
Girls on the Run – DC

Name of girl: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Full name: \_\_\_\_\_

Site: \_\_\_\_\_ Coach: \_\_\_\_\_

How many seasons has this girl has participated in GOTR: \_\_\_\_\_

Percent scholarship girl receives: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_  
(if other than coach)