



**Registration/ Health Form and Parental/Guardian Informed Consent Form
Girls on the Run of Western Colorado
REGISTRATION FORM for Spring 2012 –**

**Deadline – When site fills or February 1, 2012 (whichever comes first. Many sites fill quickly, so register early!)
Return to the Site Liaison at your school.**

Go to www.gotrwesterncolorado.org, or call 970.257.9267, for school/site liaison information.

**INSTRUCTIONS: MUST be completed in DARK INK & signed---ALL SECTIONS---by an ADULT PARENT or GUARDIAN!
(Please double-check for COMPLETION & LEGIBILITY) Questions? Call: 970-257-9267 or e-mail info@girlsontherungv.com**

Girls on the Run Program Site (include school and town) _____

Have you participated in GOTR before? Yes No How many seasons? 1 2 3 or more

Participant Name: _____ **Birth Date (mm/dd/yyyy):** _____ **Age:** _____

Home Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **E-mail (parent):** _____

School attending: _____ **Grade in School:** _____ **T-shirt size:** YM YL AS AM AL

Ethnicity (optional but helpful for grant funding):

American Indian Asian Caucasian African -American Hispanic Multi-Racial

Family Income (required to receive scholarship fee, otherwise optional but helpful for grant funding):

Less than \$37,000 \$37,000 – 75,000 \$76,000 and above

Circle all that apply: After GOTR my daughter has permission to: 1. Walk home 2. Be released to the after-school program 3. Be picked up by her Mother, Father, Sibling, Grandparent, Other: _____

Registration Fee: \$50 Check# _____ Cash Scholarship Fee -\$10 (NO FURTHER ACTION IS REQUIRED!)

(*Please contact our office at 970.257.9267 **only** if you cannot pay the \$10 Scholarship fee and would like to waive it.)

(The standard registration fee for Girls on the Run International is \$150.00, but thanks to our community support we can offer Girls on the Run programming for \$50.00)

***** Registration fees are non-refundable*****

Mother's/Guardian's Name: _____ **Work Phone:** _____ **Mobile Phone:** _____

Father's/Guardian's Name: _____ **Work Phone:** _____ **Mobile Phone:** _____

Emergency Contacts (contacted only after efforts to reach parent/guardian fail - Please Include name and Relation to Participant):

Contact #1: _____ **Work Phone:** _____ **Mobile Phone:** _____

Contact #2: _____ **Work Phone:** _____ **Mobile Phone:** _____

HEALTH HISTORY (All information must be completed by a parent or guardian)

Heart disease or heart problems Epilepsy or seizures Stroke
 Hypertension-high blood pressure Abnormal chest x-ray Asthma
 Diabetes or abnormal blood sugar test Orthopedic or muscular problems

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

Medications (please list any/all medications participant is currently taking): _____

Insurance Information: Is participant covered by insurance? YES NO Carrier/Plan Name: _____

Name of Insured: _____ Group #: _____

Relationship to Participant: _____ Policy #: _____

Preferred Hospital Provider: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Permission and Waivers – GUARDIAN MUST INITIAL ALL SECTIONS AND SIGN/DATE BOTH SECTIONS BELOW

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 adolescence. I give permission for my child to participate in off-campus practices at nearby parks. 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 of Western Colorado 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.
_____ **initial here**

In addition, I hereby authorize Girls on the Run of Western Colorado 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 authorize transportation to any physician or surgeon licensed in the State of Colorado. I agree to pay for any such treatment and to reimburse Girls on the Run of Western Colorado for all costs and expenses it may incur related to such treatment. _____ **initial here**

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. _____ **initial here**

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. _____ **initial here**

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. _____ **initial here**

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: _____

Race Permission and Registration

I give permission for my daughter to participate in the season-ending race for the GOTR / GOT program (race varies by site). I recognize that there is a risk associated with running events, and I recognize and assume that risk. I, for myself and anyone entitled to act on my behalf, waive and release the local Road Runners Club, the host city, the Road Runners Club of America, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature of Parent/Guardian: _____ **Date:** _____

(This form serves as the registration for your daughter in the season-ending race. More information about the race will be provided mid-season.)