



Registration for Spring 2012



Registration will be open to 3rd and 4th grade and fifth grade girls until Tuesday, February 21, 2012.

A "Girls on the Run" program is planned for a minimum of 8 girls, a maximum of 15; At 16 applicants, we begin a waiting list process. Registration and payment must be received for enrollment. First come, first served.

Step 1: Please complete participant's information below.

Girl Participant's Name: _____

Birth date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Employer & Work Phone: _____

Parent/Guardian Email: (print clearly please) _____

Please indicate your preferred program location:

___ Hoosier Road Elementary
Tues/Thurs 4-5:15
OR
___ Noble Crossing Elementary
Tues/Thurs 3:30-4:45
OR
___ Fishers United Methodist
Mon/Wed 4:30-5:45
OR
___ Our Lady of Grace
Tues/Thurs 3:45-5pm

Are you interested in being a volunteer coach / helper for your daughter's team? Yes No

Individuals authorized to pick your daughter up from Girls on the Run:

Name	Phone Number

Please understand that it is important for your daughter to attend as many lessons as possible, as each lesson builds upon the one before it. Please only register if she can make the commitment for both days for the entire season February-May and the 5k on 5/19/2012.

You will be required to sign a policy form regarding late pick-up/absentee/tardy policy.

Step 2: Girls on the Run will provide each participant with a program t-shirt

T-Shirt Size: Youth M L or Adult S M L XL Shoe size: _____

Step 3: The registration fee for *Girls on the Run* is \$125 per girl, checks should be payable to *Girls on the Run of Hamilton County*. You may wish to make an additional donation to help support our scholarship funds for a student in need. That portion of your check, above the \$125, is tax deductible and a receipt will be mailed to you. *Girls on the Run* is a 501(c)3 organization.

Partial Scholarships are available based on need and availability. Please contact councildirector@GOTRhamiltoncounty.org

The registration fee includes: 24 uplifting lessons, GOTR program t-shirt, healthy snacks after every lesson, water bottle, journal, 5k race registration, 5k race t-shirt, finisher's medal, program certificate and end of the season celebration. *Girls on the Run of Hamilton County* is a Not-for-profit 501(c)3 organization, however, if full or partial scholarship assistance is needed for the registration fee, please contact the Council Director regarding this opportunity.

Registration forms have specific deadlines and will be received only until programs are full or the stated final registration dates. If your registration is put on the waiting list, payment will be promptly returned.

Step 4: Email or mail this page to councildirector@gotrhamiltoncounty.org or 13931 Naples Drive, Fishers, IN 46038. OR e-fax to 317.290.7570. Be sure to include ALL pages of the attached health history form with payment.

**To learn more, visit www.gotrhamiltoncounty.org,
E-mail us at councildirector@gotrhamiltoncounty.org, or call 317.507.8490
Mail payment to 13931 Naples Drive, Fishers IN 46038 Payable to: Girls on the Run of Hamilton County**



Step 5: Health Form and Parental/Guardian Informed Consent Form - Page 1 of 2
(BOTH pages must be completed)

Participant Name: _____ **Birth Date:** _____ **Ethnicity:** _____

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

City: _____ **State:** _____ **Zip Code:** _____

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):

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

Relation to Participant:

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

Relation to Participant:

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

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

General Questions (If "YES", please explain below):

QUESTION	YES	NO	QUESTION	YES	NO
1. Had any recent injury, illness or infectious disease?			16. Ever had German measles?		
2. Have a chronic or recurring illness/condition			17. Ever had hepatitis?		
3. Ever been hospitalized?			18. Ever had back problems?		
4. Ever had surgery?			19. Ever had problems with joints?		
5. Have frequent headaches?			20. Ever had chest pain during or after exercise?		
6. Ever had a head injury?			21. Have any skin problems?		
7. Ever been knocked unconscious?			22. Have diabetes?		
8. Wear glasses, contacts or protective eyewear?			23. Have asthma?		
9. Ever passed out during or after exercise?			24. Had mononucleosis in the past 12 months?		
10. Ever had frequent ear infections?			25. Had problems with diarrhea/constipation?		
11. Ever been dizzy during or after exercise?			26. Ever had an eating disorder?		
12. Ever had seizures?			27. Ever had high blood pressure?		
13. Have orthodontic appliance being brought to school?			28. Ever been diagnosed with a heart murmur?		
14. Ever had emotional difficulties for which professional help was sought?			29. Ever had chicken pox?		
15. Ever had measles?			30. Ever had mumps?		
			31. Had first menstruation?		

Please explain any "yes" answers, noting the number of the questions:

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: _____

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 of Greater Cincinnati, Inc. 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.

In addition, I hereby authorize Girls on the Run of Greater Cincinnati, Inc. 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 of Greater Cincinnati, Inc. for all costs and expenses it may incur related to such treatment.

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.

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.

I understand Participant may receive antiperspirant/deodorant as gift from Secret®, a national sponsor of Girls on The Run. I understand Participant may receive Kellogg's Frosted Flakes cereal as gift from Kellogg's, a national sponsor of Girls on the Run. Secret and Kellogg's Frosted Flakes proudly supports 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 Girl's Name (please print): _____ Date: _____

Signed by Parent or Guardian: _____ Date: _____



Please print & sign HERE!