

Girls on the Run of Butte County ● Fall 2010 Registration

Last Name	First Name	Middle Initial	Birthdate
School	Grade	Age	
Parent/Guardian 1		Home #	
Home Address	City	State	Zip
Place of Employment	Work #	Mobile #	
Parent/Guardian 2		Home #	
Home Address	City	State	Zip
Place of Employment	Work #	Mobile #	
Emergency Contact (besides parents)	Day #	Work #	Evening #

CHECK-OUT OPTIONS

Please choose ONE method in which you would like your daughter to check-out from Girls on the Run

After-School Program - My child will check-in to an after-school program.

Program _____

Location _____

Guardian Check-Out - List additional persons, other than yourself who is allowed to check-out your child.

Name _____

Phone _____

Name _____

Phone _____

E-MAIL: Girls on the Run of Butte County would like to have a parent's or guardian's e-mail on file to receive GOTR program updates and for communication with the family.

E-mail _____

Name _____

E-mail _____

Name _____

CUSTODY ISSUES?: NO YES

Please provide copy of legal documentation of custodian rights or proof of custody.

CANCELLATION POLICY: A \$10 administration fee will be charged on all session cancellations, except in cases of medical emergencies, with a doctor's note or documentation. No refunds will be issued once the season has begun.

I have read this policy _____ (initial)



T-SHIRT Size Please check one:

- Youth - Small Adult - Small
 Youth - Medium Adult - Medium
 Youth - Large Adult - Large

PHOTO RELEASE? I give permission for Girls on the Run of Butte County to photograph my child to be used in promotional materials related to Girls on the Run of Butte County programs.

YES NO

NAME RELEASE? I give permission for Girls on the Run of Butte County staff to release my child's name to the local newspaper and at www.gotrbuttecounty.org for listing race results.

YES NO

COST & PAYMENT METHOD

Cash

Check (one check per child)

Make checks payable to: *Girls on the Run of Butte County*

Please contact me about scholarships

\$95 per girl

Total Enclosed

TEAM SELECTION

Day/Time _____

School Site _____

My child will be attending the end of the season RACE on Nov 13th

YES NO

2010 Medical Information and Participant Waiver

NAME _____

Questions	Yes	No	Questions	Yes	No
1. Have allergies? If yes, please list any food, drug, or other allergies:			17. Have physical, behavioral, or other conditions our coaching staff should be made aware of? If yes, explain:		
2. Have a chronic or recurring illness/condition?			18. Ever had back problems?		
3. Ever been hospitalized?			19. Ever had problems with joints?		
4. Ever had surgery?			20. Ever had chest pain during or after exercise?		
5. Have frequent headaches?			21. Have any skin problems?		
6. Ever had a head injury?			22. Have diabetes?		
7. Ever been knocked unconscious?			23. Have asthma?		
8. Wear glasses, contacts, or protective eyewear?			24. Have mononucleosis in past 12 months?		
9. Ever passed out during or after exercise?			25. Had problems with diarrhea/constipation?		
10. Ever had frequent ear infections?			26. Ever had an eating disorder?		
11. Ever been dizzy during or after exercise?			27. Ever had high blood pressure?		
12. Ever had seizures?			28. Ever been diagnosed with a heart murmur?		
13. Have orthodontic appliance being brought to school?			29. Ever had chicken pox?		
14. Ever had emotional difficulties for which professional help was sought?			30. Had first menstruation?		
15. Ever had german measles? measles? mumps? If yes, which ?			31. Ever been on a special diet?		
16. Had a recent injury, illness, or infectious disease?			32. Ever had hepatitis?		

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

Name of Insured: _____ Relationship to Participant: _____

Group#: _____ Policy#: _____ Preferred Hospital Provider: _____

Physician'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 Butte County, 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 Butte County, 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 Butte County, 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.

Participant's Name (please print)

Parent/Guardian Signature

Date