



Registration Form

Site: \_\_\_\_\_ Program Days: \_\_\_\_\_
Start Date: \_\_\_\_\_ Girl's Name: \_\_\_\_\_
Emergency Contact #: \_\_\_\_\_ Girl's Age: \_\_\_\_\_ Girl's Grade: \_\_\_\_\_
Address: \_\_\_\_\_ Girl's Birthdate: \_\_\_\_\_ Girl's T-Shirt Size: \_\_\_\_\_
Please specify "Y"(Youth) or "A"(Adult) with size
Parent's Name: \_\_\_\_\_
E-mail address: \_\_\_\_\_

\$150.00\* Fee due upon registration – No Cash Payments accepted

I would like to add \$\_\_\_\_\_ to my payment to contribute to Girls on the Run Forsyth, NC

Total amount of Payment: \$\_\_\_\_\_ Make checks payable to Girls on the Run Forsyth County

Method of Payment: Check: \_\_\_\_\_ Bank: \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

X Authorized Signature: \_\_\_\_\_

If you are requesting tuition assistance, please call and talk with Paula Evans, Council Director before you mail in registration form. 718-5247

I request tuition assistance. Tuition assistance requests must be received and approved before August 1, 2010. Call Paula Evans at 336-718-5247.

Return completed Registration & Consent forms and payment, by August 1, 2010 to:

Paula Evans, Council Director
Girls on the Run Forsyth County
C/O Forsyth Medical Center Box 40
3333 Silas Creek Parkway
Winston-Salem, NC 27103

No registration is finalized until you have received confirmation of acceptance into the program which will come via e-mail or phone confirmation. If your daughter is not accepted into the program, your registration fee will be completely refunded.

## Fall, 2010 Race Event Consent

Each program ends with participation in a 5K event. The program fee pays the race entrance fee for each girl. This fall, we will participate in the YMCA's Mistletoe Run on Saturday, December 4, 2010. Please review the informed consent information below which is specific to the Mistletoe Run. Your signature indicates that you have read and agree with the race information provided and gives consent for your daughter to participate in the Mistletoe Run.

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race, including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone for whom I am entitled to act, waive, release, and will hold harmless the race organizers, officials, and sponsors, and all agents, employees, officers, directors, volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this race. I understand that headphones, baby joggers or strollers, roller skates and dogs are not allowed in this race/run. Photography Release: I authorize the William G. White, Jr. Family YMCA and the YMCA of the Northwest North Carolina to use photographs of my participation in the race and race day activities for promotional purposes for future events. Authorization includes the usage of my likeness on television and print advertising and brochures promoting the event and I understand that I will not receive compensation for the usage of photographs of my likeness.

Signature of entrant \_\_\_\_\_ Date \_\_\_\_\_

X Signature of parent of guardian \_\_\_\_\_

### Race Running Buddies

Every GOTR Girl who participates in the 5K event will have an assigned, adult running buddy (at least 18 years of age) who will complete the race with her and who is able to keep pace with her. **Please choose One:**

\_\_\_\_\_ I will provide my daughter's running buddy \_\_\_\_\_ I want GOTR to provide a running buddy

If you are providing the running buddy, please complete the following:

\_\_\_\_\_  
Running buddy's name

\_\_\_\_\_  
Running buddy's contact e-mail or phone

Running Buddy T-Shirt size \_\_\_\_\_

### Attention Running Buddies

You will be paying your own race registration fee. When the season starts the girls will receive registration forms for their buddies. Please complete your race registration form and send it with your payment to your daughter's coach by the stated date.



## Health Form and Parental/Guardian Informed Consent Form

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**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/Volunteer:**

**Contact #2:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Relation to Participant/Volunteer:**

**Allergies (please list any/all allergies Participant/Volunteer has experienced):**

\_\_\_\_\_

**Medications (please list any/all medications Participant/Volunteer 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/Volunteer covered by insurance? YES NO

Carrier/Plan Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_

Relationship to Participant/Volunteer/Volunteer: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Preferred Hospital Provider:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_, a minor ("Participant/Volunteer/Volunteer"). I agree that the Participant/Volunteer may participate in the Girls on the Run program. The purpose of the program is to increase the Participant/Volunteer's activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to the Participant/Volunteer as she enters middle school/adolescence. I understand that during the program, the Participant/Volunteer 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/Volunteer to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run of Forsyth, NC 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/Volunteer 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 Forsyth, NC 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/Volunteer under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant/Volunteer, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the Participant/Volunteer by any health care professional who may treat the Participant/Volunteer. I agree to pay for any such treatment and to reimburse Girls on the Run of Forsyth, NC 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/Volunteer or in which the Participant/Volunteer 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/Volunteer 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/Volunteer 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/Volunteer may receive antiperspirant/deodorant as gift from Secret®, a national sponsor of Girls on The Run. I understand Participant/Volunteer 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/Volunteer 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/Volunteer's participation in the Girls on the Run program. I am the parent or legal guardian of the Participant/Volunteer, and this permission and release is binding on me and my executor, administrators and heirs.

Participant/Volunteer's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_