



REGISTRATION FORM

We inspire girls to be joyful, healthy and confident using a fun, experience-based curriculum which creatively integrates running. Online registration is preferred at www.gotrbyarea.org, or complete this form and return to your school/practice site contact.

PARTICIPANT INFORMATION

SITE/SCHOOL NAME: _____

PARTICIPANT'S NAME: _____

AGE ON Sept 25, 2016: _____ BIRTHDATE: _____ GRADE: _____

PARENT/GUARDIAN NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (day) _____ (evening) _____ (cell) _____

PARENT E-MAIL: _____

T-SHIRT SIZE: Youth M (10-12) Youth L (14-16) Adult S Adult M Adult L Adult XL

Race/Ethnicity: (some of our charitable donors collect this information):

White Black Latino/Hispanic Asian Other: _____

Has your daughter participated in GOTR during a prior season? Yes No How many seasons? _____

RELEASE

Please indicate how you would like us to release your child at the end of each session. (You may check more than one.)

One of the following people will pick up my child:

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

- My child is permitted to walk home unescorted
- My child will check into an on-site after-school program each day after practice
- Other (Please describe) _____

(complete next page)

HEALTH INFORMATION

Allergies (please list any/all allergies participant has experienced. Enter N/A if not applicable.) _____

Do these allergies require the use of an Epi-Pen? _____

Medications (please list, including the use of an inhaler. Enter N/A if not applicable.) _____

Any special mental, physical, or medical problems student has (Enter N/A if not applicable.) _____

Preferred Hospital _____

WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE

I have read and accept the waiver of liability and permission to participate Yes No

I, the undersigned, give permission for my child to participate in the activities offered by Girls on the Run of the Bay Area. I know of no physical disorder that could keep my child or ward from participating in this program. I waive any claim of liability against, and agree to hold harmless Girls on the Run of the Bay Area, and any other officer, agent and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by Girls on the Run of the Bay Area. Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgment, may be necessary. I understand that Girls on the Run of the Bay Area conducts evaluations to assess the quality of programs. I give permission for my child to be part of this program evaluation. I also understand that the information collected about my child will be kept confidential and that only the persons connected with Girls on the Run of the Bay Area and the evaluation will have access to this information. I also give permission for any photograph, videotape, film audiotape or writing of said participant, obtained during normal after-school activities, to be used in informational materials for Girls on the Run of the Bay Area, and by its foundation and corporate sponsors. I also give permission for my child to participate in off-campus practices at nearby parks, to attend field trips organized by Girls on the Run of the Bay Area, and to use the transportation arranged for the purpose of field trips.

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

I have read and accept the permission to provide necessary treatment or emergency care Yes No

I hereby give permission to the medical personnel selected by Girls on the Run of the Bay Area, including without limitation, coaches, volunteers and staff to provide transportation and all necessary medical and dental care for the above-named child. I hereby give permission to the medical care provider(s) selected by Girls on the Run of the Bay Area to secure and administer all necessary treatment, including hospitalization, for the child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

ATTENDANCE POLICY

I have read and understood the below Girls on the Run attendance policy Yes No

It is very important that your child attend all sessions possible. If a participant is absent 4 or more times, she may be asked to leave the program. Girls are not allowed to attend only one practice per week as they will not receive the full benefits of the program, including adequate training to complete the season-ending 5k run. Please register your child for days when she can attend consistently.

RESPECTFUL BEHAVIOR POLICY

I have read and understood the below Girls on the Run behavior policy Yes No

Girls are expected to behave in a way that permits the coaches to carry out the day's scheduled activities. Girls who are continually disruptive in a way that prevents the rest of the group from experiencing the benefits of the program may be asked to leave for the rest of the season. A child who engages in behavior that threatens the health or welfare of other participants, administrators or coaches will be released from the program for the remainder of the season. Girls on the Run of the Bay Area, its coaches, and administrators reserve the right to remove from participation any child who for any reason does not fit the mission and goals of the organization.

By signing below I agree to the terms above.

Signature _____ Date _____