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Girls on the Run of Los Angeles County Spring 2012 Registration



Last Name		First Name	Birthdate	
Home Address		City	State	Zip
School Attending	Grade		Ethnicity (for statistical purposes only)	
Parent/Guardian 1			Email	
Place of Employment	Preferred phone #		Other phone #	
Parent/Guardian 2			Email	
Place of Employment	Preferred phone #		Other phone #	
Emergency Contact (in addition to guardians)		Relationship to child	Preferred phone #	Other phone #

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GOTR site location

School/ Site _____

See list of sites at:

<http://gotrlosangeles.org/locations/current-season-locations/>

****Manhattan Beach team only:**

Register at: www.ci.manhattan-beach.ca.us/

Activity #: 15716 (GOTR)

Spring Season: **February 27th to May 25th**

Our final 5k will be on Sunday, May 20th

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T-SHIRT Size

Please check one:

- Youth-Med
- Youth-Large
- Adult-Small
- Adult-Med
- Adult-Large
- Adult-XLarge

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CHECK-OUT OPTIONS

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

Walk Home - I grant my permission for my daughter to walk home from Girls on the Run. I understand that Girls on the Run LA is not responsible for my daughter once she is released from each practice.

Parent/Guardian signature: _____ Date: _____

Guardian Check-Out - List persons in addition to the listed guardians who are allowed to check-out your child.

Name _____ Phone _____

Name _____ Phone _____

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Cost : \$175 per girl

***Thanks to generous donors, GOTRLA reduces fees for girls whose families cannot pay the entire cost.**

Payment

- Check
- Money order

Make payable to:
Girls on the Run L.A.

Fees enclosed: Donation enclosed: **TOTAL ENCLOSED:**

For financial assistance, please complete our financial assistance form. You may request it from head coach or by calling (310) 488-5306.

LATE PAYMENT POLICY: A \$25 fee will be charged if payment does not accompany this form unless financial assistance has been requested.

I have read this policy _____ (initial)

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Please complete registration and health history form (back side) and return along with payment by **February 20th** to:

Leanne Lowden, GOTRLA Registrations, 466 Foothill Blvd. # 397, La Canada, CA 91011

Teams of 15 girls maximum will be filled on a first come, first served basis, determined by postmark date. Registrations exceeding group limit will be accepted based on coach availability. New participants will only be accepted through March 9th.

Due to the importance of group dynamics and the experiential learning process of the curriculum, girls must be able to attend both practice days. Girls who are absent for more than four practices during one season will no longer be eligible to participate in the program.

Spring 2012 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. Had mononucleosis in the 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 any 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, they 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 Los Angeles 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 Los Angeles 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 Los Angeles 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 self, physical activity, nutrition, peers, and coaches. 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 of Los Angeles County by Lauren Rauscher, PhD, California State University, Long Beach. *Any information that is obtained in connection with this survey that can be identified with your daughter will remain confidential, and will be disclosed only with your permission or as required by law (GOTRLA obligated by law to report information we receive about child abuse or illegal activity).

I understand Participant may receive antiperspirant/deodorant as gift from Secret®, a national sponsor of Girls on The Run.

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.

Parent/Guardian Name

Parent/Guardian Signature

Date



**Please print &
sign HERE!**