



Girls on the Run of Greater Detroit

YMCA Spring 2014 Registration

| GOTR@ymcadetroit.org | (P) 248.370.9622 | (F) 248.370.0411
Please return to your local YMCA Please call for Questions*

LOCATIONS

Please Write In: _____

PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE	GRADE
T-shirt: Youth Sizes: <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) Adult Sizes: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL				
ADDRESS		CITY	ZIP CODE	
HOME PHONE		EMAIL ADDRESS		
PARENT'S LAST NAME	PARENT'S FIRST NAME	PARENT'S BIRTH DATE	PARENT'S MOBILE PHONE	
PARENT'S LAST NAME	PARENT'S FIRST NAME	PARENT'S BIRTH DATE	PARENT'S MOBILE PHONE	

HEALTH/EMERGENCY CONTACT INFORMATION

Is your daughter covered by insurance? YES NO Carrier / Plan Name: _____

Name of insured: _____ Group Number: _____

Relationship to participant: _____ Policy Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

HEALTH HISTORY

Please check all that apply and explain if necessary.

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Recent injury, illness, or infection | <input type="checkbox"/> Measles or mumps |
| <input type="checkbox"/> Wears glasses or contacts | <input type="checkbox"/> Wears orthodontic appliance |
| <input type="checkbox"/> Heart murmur/cardiac issues | <input type="checkbox"/> Skin problems/diabetes |
| <input type="checkbox"/> Chronic or recurring illness/condition | <input type="checkbox"/> Chicken pox or Hepatitis |
| <input type="checkbox"/> Passed out during/after exercise | <input type="checkbox"/> Suffered head injury or seizures |
| <input type="checkbox"/> Dizziness/chest pain during/after exercise | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Was hospitalized/had surgery | <input type="checkbox"/> Mononucleosis (last 12 mos.) |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Was knocked unconscious |
| <input type="checkbox"/> Allergies or asthma | <input type="checkbox"/> Gastro-intestinal problems |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Has had first menstruation |

Explanation: _____

Please list any medications (prescription and non-prescription) your child takes regularly:

CHECK-OUT/PICK-UP OPTIONS

Please list the contact information for persons other than yourself who are allowed to check out your daughter:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Girls on the Run of Greater Detroit Registration - continued

5K PARTICIPATION

My daughter will be participating in the 5k running event on Sunday, May 18th, 2014. YES NO

PERMISSIONS/RELEASES

PROGRAM CONSENT, RELEASE, 5K WAIVER:

I am the parent/legal guardian of the Participant named above, a minor. I agree that the minor child 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 Detroit 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 Detroit, 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 Detroit for all costs and expenses it may incur related to such treatment.

PHOTO RELEASE:

I hereby grant to Girls on the Run and the YMCA of Metro Detroit 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, the YMCA, 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 and the YMCA 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.

PROGRAM SURVEY:

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.

SPONSOR GIFTS:

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.

AUTHORIZATION:

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.

PARENT/GUARDIAN SIGNATURE

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's name (please print): _____

Signed by Parent/Guardian: _____ Date: _____

PAYMENT METHOD

Cost of the Program is 110\$ Please make checks payable to the YMCA

Check Cash Visa MasterCard Discover American Express

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

I would like to make a donation of \$_____ to the YMCA Strong Kids Campaign to help children in need in our area.

learn. dream. live. run.