



Date \_\_\_\_\_

**Registration and Health Form and Parental/Guardian Informed Consent Form  
Girls on the Run of Central Maryland  
REGISTRATION FORM**

Please **Mail** to: GOTR of Central MD, 9150 Rumsey Rd. Suite A7 Columbia, MD 21045

**INSTRUCTIONS:** Complete/sign ALL SECTIONS.

Questions? Call: 443-864-8593 or e-mail [susan.michel@girlsontherun.org](mailto:susan.michel@girlsontherun.org)

**Girls on the Run Program Site** (include county) \_\_\_\_\_

Have you participated in GOTR before?  Yes  No If yes, how many seasons? \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Birth Date (mm/dd/yyyy):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **E-mail (parent):** \_\_\_\_\_

**School attending:** \_\_\_\_\_ **Grade in School:** \_\_\_\_\_ **T-shirt size:** • YM • YL • AS • AM • AL • AXL • AXXL

**Ethnicity** (optional but helpful for grant funding):

American Indian/Alaskan Native  Asian/Pacific Islander  White   
Black/African American  Hispanic/Latino

**Circle all that apply:** After GOTR my daughter has permission to: 1. Walk home 2. Be released to the after-school program  
3. Be picked up by her Mother, Father, Sibling, Grandparent, Other: \_\_\_\_\_

**Registration Fee: \$175** \_\_\_\_\_ **Method of Payment:** • check • cash • partial scholarship • scholarship

Scholarship sliding scale: \$28,665-\$40,793: \$25 \_\_\_\_\_

\$28,665 and below: \$10 \_\_\_\_\_

(Scholarships are available for girls who are on the school Free and Reduced meal plan, we will send you a scholarship application after we receive this form.)

Please make checks payable to **Girls on the Run of Central Maryland**

I would like to make an **additional contribution to support GOTR of Central MD** \$ \_\_\_\_\_

**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 - Please Include name and Relation to Participant):

**Contact #1:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

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

**HEALTH HISTORY** (All information must be completed by a parent or guardian)

\_\_\_ Heart disease or heart problems      \_\_\_ Epilepsy or seizures      \_\_\_ Stroke  
\_\_\_ Hypertension-high blood pressure      \_\_\_ Abnormal chest x-ray      \_\_\_ Asthma  
\_\_\_ Diabetes or abnormal blood sugar test      \_\_\_ Orthopedic or muscular problems

**Allergies** (please list any/all allergies participant has experienced): \_\_\_\_\_

**Medications** (please list any/all medications participant is currently taking):  
\_\_\_\_\_

**Insurance Information:** Is participant covered by insurance? YES NO Carrier/Plan Name: \_\_\_\_\_

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

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

**Preferred Hospital Provider:** \_\_\_\_\_

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

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

Permission and Waivers

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 adolescence. I give permission for my child to participate in off-campus practices at nearby parks. 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 Central Maryland 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 Central Maryland 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 authorize transportation to any physician or surgeon licensed in the State of Colorado. I agree to pay for any such treatment and to reimburse Girls on the Run of Central Maryland 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 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.

Participant's Name (please print): \_\_\_\_\_

Signed by Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN BELOW ALSO**

**Race Permission and Registration**

I give permission for my daughter to participate in the season-ending race for the GOTR / H & S program (race varies by site). I recognize that there is a risk associated with running events, and I recognize and assume that risk. I, for myself and anyone entitled to act on my behalf, waive and release the local, the host city, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(This form serves as the registration for your daughter in the season-ending race. More information about the race will be provided mid-season.)