



Girls Incorporated of Sarasota County
Girls On The Run – Fall 2011

Please check the site for which you are registering. Program Fee - \$120 (includes 5K entry fee)

- checkbox Venice Elementary (M/W 3:15-4:30)
checkbox Phillippi Shores Elementary (T/Th 3:15-4:30)

PARTICIPANT INFORMATION

First name _____ Last name _____

Date of birth (month, day and year) _____ Age _____

Race: (check all that apply)
checkbox White/Caucasian checkbox African-American/Black checkbox Hispanic/Latina checkbox Native-American
checkbox Asian/Pacific Islander checkbox Other _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____

School Attending _____ Grade _____

GPA _____ On free lunch? checkbox Yes checkbox No On reduced lunch? checkbox Yes checkbox No

Who do you live with? _____

of adults in your home _____ # of children in your home # _____

Language spoken in your home checkbox English checkbox Spanish checkbox Other _____

Parents/Legal Guardian first and last name _____

Home phone _____ Cell phone _____ Work phone _____

Place of employment/occupation _____

Email address _____

Special Needs and Concerns: (Please Check if Applicable and Explain)

- Custody Problem _____
- Special Medical _____
- Allergies _____
- Special Disabilities Learning Mobility Physical Development Visual
- Emotional Hearing Other _____

PARENT RELEASE AND AUTHORIZATION

- I understand that all persons authorized to pick up my daughter must show photo ID at the time of sign-out for my daughter to be released. My daughter will be released only to the parent/legal guardian listed above and the persons listed below. The following people may also be contacted and are authorized to remove my daughter from the facility in case of illness, accident or emergency when the parent/legal guardian cannot be reached.

Name _____ Relationship _____

Home Phone # _____ Work # _____ Cell # _____

Name _____ Relationship _____

Home Phone # _____ Work # _____ Cell # _____

- I understand that Girls Inc. will contact me in case of an emergency pertaining to my child. If I am unable to be reached, Girls Inc. has my permission to seek medical attention for my child at the nearest medical facility.
- I give my child permission to participate in field trips with her group in a Girls Inc. designated vehicle. I understand I will be notified in advance of dates and locations of any field trips.
- I give my permission for snacks and meals to be provided to my child.
- I authorize Girls Inc., its agents, and others working for it or on its behalf to use my daughter's image/likeness/voice in still photos, slides, video productions, radio coverage, television coverage, interviews, testimonials and/or any other media for the purpose of promoting and representing Girls Incorporated and its programs, and do hereby grant and convey unto Girls Incorporated all rights, title, and interest in the above media including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- Participants in Girls Inc. programs are encouraged to participate in surveys, focus groups and group discussions that provide feedback regarding their program experiences. This feedback is helpful in making programming decisions, improving Girls Inc. programs and reporting program effectiveness to funders. All comments made during these evaluations will remain confidential and will not be identified by name. I give my daughter permission to participate in program evaluations that take place during her Girls Inc. program activities.
- I understand it is my responsibility to drop off and pick up my daughter by the designated times. I understand that for late arrivals, my daughter may not be able to participate in the

current or future sessions. I understand that for late pick up, I will be charged \$1 per minute and my daughter may not be able to participate in the current or future sessions.

- I understand that inappropriate behavior may result in my daughter being picked up immediately and/or excluded from future sessions.
- I understand and agree that Girls Incorporated of Sarasota County will not be responsible for any loss of personal property and/or injury.
- I, the parent/legal guardian, give Girls Incorporated of Sarasota County permission to access information from the Sarasota County School District (or private school where my child is registered) regarding my child's report card, attendance, FCAT scores, and discipline reports. I understand that this information will be used only for programming purposes and to collect information for granting purposes. Information collected will be reported to sponsors on a group basis only.

Parent/Guardian Signature: _____ Date: _____

GIRLS INC POLICIES AND GUIDELINES

When the County Emergency Operations Center declares an emergency or weather conditions cause local schools to close, Girls Incorporated will also close. If hazardous weather conditions occur during program hours, girls will be transported to the nearest hurricane shelter where parents will be responsible for pick up.

To ensure your daughter's safety, all contact with persons outside of Girls Inc. must be made through the Girls Inc. staff using a staff-designated telephone. Girls will only be allowed to place and receive calls in an emergency. Personal cell phones should remain turned off and put away during program time.

We encourage girls to take ownership of their belongings & surroundings. Girls are responsible for their own property and should mark their names on all belongings (including purses, bags, jackets, etc.) This helps us in returning lost articles. We ask that all valuables, toys & electronics be left at home.

Clothing: Girls Inc. follows the Sarasota County School District dress code. Please note that for safety reasons, athletic shoes or athletic sandals must be worn at all times. A Girls Inc. t-shirt will be provided and is required for all field trips. Nice jeans, khakis, skorts, skirts that are knee length or shorts that are fist length are all acceptable.

In order for Girls Incorporated to be a healthy community, each girl must be aware of her responsibilities and the consequences of her actions - both for herself and for others. We feel that each girl deserves a chance to grow from her mistakes. Girls Inc. uses an Assertive Behavior Management Program. It is important that both girls and parents understand and accept the behavior standards of the organization.

Our focus is to ensure that every girl has a safe, fun and positive experience while here at Girls Incorporated. Staff will work with your child to prevent and reduce problems through one-on-one intervention. This may include a recovery time for your child (a "sitting on the side" period for however long your child feels she needs to be ready to participate again in a positive manner.) Emphasis is placed on the choices each girl makes. Each girl may participate with the staff in the

determination of privileges earned for good choices and the determination of consequences for poor choices. Some behaviors will result in immediate suspension or termination of membership. These include but are not limited to fighting, possession or use of alcohol, tobacco, drugs or weapons and behaviors defined as criminal acts according to Florida Statutes.

Discipline Philosophy

- I (staff) will treat you (girl) with respect so you will know how to treat others and me while here at Girls Inc.
- If you cause a problem, I will ask you to solve it.
Possible problem areas include:
 - Safety of yourself and/or others
 - Respect of facility and property
 - Respect of other girls, staff, volunteers, guests and parents
- If you are unable or unwilling to solve it, I will do something
- The action I take will depend on each girl and each situation
- If you think I was unfair, come and tell me and we will talk about it

General Girls Inc Rules

1. Ask staff for permission and a pass to leave your group/room/area
2. Leave personal items at home (electronic devices, cell phones, toys, games, stuffed animals, etc.)
3. Dress appropriately (always wear athletic shoes, clothing that covers you, and only your own clothes and shoes)
4. Always walk from one area to another
5. Food, drinks and candy in designated areas and at designated times only
6. Do only your own hair and use only your own hair items (brush, comb, barrette, scrunchy, etc.)
7. Be safe and respectful of all property and people
8. HAVE FUN!!!

Girls are expected to have safe behavior when traveling in a Girls Inc. designated vehicle including adherence to the following guidelines.

1. Food, candy, gum, drinks and personal items (including electronic devices, head phones, toys, etc.) should remain in your bag
2. Throw away gum in your mouth in the trash can as you enter the vehicle
3. Safety belts must be worn when available
4. Remain seated at all times with your feet on the floor, leaving the aisle clear, and facing the front
5. Use your inside voice
6. Keep all parts of your body inside the vehicle window
7. Silence at all railroad crossings
8. Stand to exit the vehicle only when directed by the driver or staff

We both agree to abide by all policies, procedures, guidelines and standards of conduct.

Parent Signature

Date

Participant Signature

Date

Girls On The Run program registration fee is \$120 per girl.
Make checks payable to Girls Inc. or complete credit card information below.



Total registration fee enclosed \$_____

Check # _____ (payable to Girls Inc.)

MasterCard Visa American Express Discover Exp Date _____

Credit Card # _____ 3 digit code _____

Name as it appears on card _____

Signature _____

Mail check/credit card information and completed registration form to:

Girls Incorporated of Sarasota County

Attn: Dawn Wiley

201 South Tuttle Avenue, Sarasota, FL 34237

Fax credit card information and completed registration form to:

(941) 366-4617

Attn: Dawn Wiley

*Please be sure to include the Girls On The Run International Health Form with your Girls Inc. program registration form.

Health Form and Parental/Guardian Informed Consent Form



Participant 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 Sarasota 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/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 Sarasota 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/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 Sarasota 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/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: _____

Signed by Parent or Guardian: _____ Date: _____