

## Girls on the Run of Greater Mankato Participant Registration



YWCA of Mankato \* 209 S. 2<sup>nd</sup> St. Suite #314, Mankato, MN 56001 \* Phone (507) 345-4629 \* Fax (507) 345-4630 \*

Register online at [www.mankatoywca.org](http://www.mankatoywca.org)

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Photo  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Emergency Contacts** (In an emergency, the following people are authorized to pick-up and assume responsibility for my child):

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

Relation to Participant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Relation to Participant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Is there anyone who does not have permission to pick up your child** (a court order is required if the person is a parent of this child and the YWCA must have a copy on file)? \_\_\_\_\_

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

**Special Diet Requirements or Requests** (please explain):  
\_\_\_\_\_  
\_\_\_\_\_

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

Date of last physical exam:    /    /    /                      Date of last tetanus shot    /    /    /

Please answer the following general questions. Has the participant...

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:

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**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: \_\_\_\_\_

In case of a serious medical emergency, I understand that my child will be transported to Immanuel St. Joseph's Hospital or the nearest hospital by local emergency unit for treatment if local emergency resource (police, rescue squad, etc.) deems it necessary. Transportation to a facility other than Immanuel St. Joseph will be considered in emergencies only when he child's condition permits. \_\_\_\_\_ (parent/guardian initials)

## Contract for Services

**Girls on the Run of Greater Mankato Spring Season Registration** (please circle one of the following options)

<u>Program Site (location):</u>	<u>Days of Week:</u>	<u>Time:</u>
* Hoover Elementary School (gym) * <i>start date: Feb 8th</i>	Mondays & Wednesdays	2:45-4:30/5:00
* Roosevelt Elementary School (gym)* <i>start date: Feb. 17<sup>th</sup></i>	Wednesdays & Fridays	2:45 - 4:30/5:00
* First Congregational UCC * <i>start date: Feb. 17<sup>th</sup></i>	Mondays & Wednesdays	2:45 - 4:30/5:00
* Centenary United Church of Christ * <i>start date: Feb. 8<sup>th</sup></i>	Mondays & Fridays	2:45 - 4:30/5:00

Each site has a maximum capacity for registered participants. Participants are accepted on a first-come first-serve basis. The 12 week Girls on the Run fall season will end with a 5K walk/run event on **Saturday, May 1st**. Girls will meet twice a week at the sites listed above. Girls on the Run sessions will NOT meet on Holidays, non-school days, or days that schools close due to inclement weather. Please see Parent Handbook for a schedule of sessions and events.

### Program Fee:

**\$125.00**

- \* This fee covers the entire cost of the 12 week program including: a snack for each session, program materials, participant entry in the end of season 5K walk/run event, and program t-shirt.
- \* Program fee must be paid in full before the start of the Girls on the Run season.
- \* SLIDING FEE ASSISTANCE APPLICATIONS ARE AVAILABLE UPON REQUEST

### By signing this agreement I understand and agree that:

- \* I will abide by the policies and procedures as stated in the Parent Handbook and this contract.
- \* The YWCA operates on a pre-pay system. All program fees must be paid before my child is allowed to participate in the Girls on the Run of Greater Mankato program.
- \* Program fees can be paid online at [www.mankatoywca.org](http://www.mankatoywca.org)
- \* Checks should be made payable to the YWCA of Mankato, 209 S. 2<sup>nd</sup> St. Suite #314, Mankato, MN 56001
- \* No fee reduction will be given for any absence. Snow days and holidays have been accounted for in the total fee.
- \* The YWCA may change policies as needed and I will be notified of such changes.
- \* SLIDING FEE ASSISTANCE APPLICATIONS ARE AVAILABLE UPON REQUEST.
- \* A two-week written notice to the Youth Development Director is required to withdraw a child from the program. Parents/guardians are responsible for the contracted rate of those 2 weeks and the remainder of balance paid will be reimbursed at a pro-rated rate.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

*Continued on next page*

## Parental/Guardian Informed Consent

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 indoor/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 Mankato, Girls on the Run International, the YWCA of Mankato and District 77, 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 Mankato, 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 Mankato for all costs and expenses it may incur related to such treatment.

I hereby grant to Girls on the Run and the YWCA of Mankato 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 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.

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): \_\_\_\_\_ Date: \_\_\_\_\_

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