

**Girls Thrive Registration Form
Fall Program 2017**

Participant's Name: _____

Participant's Age, School, and Grade: _____

Parent/Guardian Name: _____

Address: Street _____ City _____ Zip _____

Phone: Cell _____ Home _____ Work _____

Parent/Guardian Email: _____ **Participant Email:** _____

Participant's Ethnicity (used for grants and demographics): _____

Primary Emergency Contact: Name & Relationship _____ Phone _____

Secondary Emergency Contact: Name & Relationship _____ Phone _____

Girls Thrive (GT) Fall Program 2017 Dates, Times, and Meeting Locations:

All practice dates, times, and meeting locations are subject to change due to weather concerns, schedule changes, etc. We will inform you about any changes to the schedule via email or text ASAP. In order to benefit from all that the program has to offer, girls are highly encouraged to participate in all three days.

Please tell us which activities your child will participate in:

_____ **Running** (Tuesdays, September 5 – October 24), 4-5:30pm, meeting at the GT office, 650 Logan St.

_____ **Cross-training** (Thursdays, September 7 – October 26), 4-5:30pm, location will change each week.

- This schedule will be emailed out in advance, but activities will include: indoor rock climbing, hiking, Pilates, yoga and more!

_____ **Mountain Biking** (Saturdays, September 9 – October 28), 10am-12pm, meeting at the GT office.

- All girls participating in mountain biking (regardless of their current skill level or how many times they have done GT in the past) are required to attend at least the **first** bike practice on Saturday, September 9th. This is the best way for us to ensure proper safety and skills are learned and reviewed before the trail riding begins. Please contact GT Director, Blair Haseman (406-438-6066 or Blair@girlsthrive.com) if this is not possible and we can work to provide an alternate date and time.

_____ My girl will need to borrow a bike and helmet from GT. Bikes are available on a first come, first served basis.

Program Cost:

\$75 for the entire 8-week program. Checks are the preferred payment method for the registration fee. Please make checks payable to Girls Thrive and mail them to: Girls Thrive, P.O. Box 1771, Helena, MT 59624.

Registration forms and payment must be received by Friday, September 1st in order to participate.

Completed registration forms may also be scanned and emailed to Blair@girlsthive.com or mailed to the above address. You are welcome to contribute more if you would like. If so, please indicate amount below.

Thank you for your support!

_____ + Any amount. I would like to support the volunteer-operated GT program and ensure that Helena-area girls continue to receive the opportunities to THRIVE!

_____ + \$75. I would like to sponsor another girl to participate in the GT program.

Scholarship Request

If you are in need of a scholarship, please briefly tell us why below. If you have already received a scholarship from GT in the past, you do not need to restate why. If you need a partial scholarship, please pay the amount that you can afford. Scholarship Amount Needed: _____

Required Motivation Statement

In an effort to ensure a positive learning environment for all, please have your girl write a brief statement as to why she would like to be a part of GT and what she hopes to gain from the program:

Health Information: Please provide information on any health conditions that could impact your child's ability to participate in the program _____

Any allergies (including food)? _____

Media Release: By signing below, I (the parent/guardian) give Girls Thrive (GT) permission to use photos, videos and the name of my child on the GT website, brochures, social media and other publications. Because images on the Internet are downloadable, and images from printed materials are able to be copied, I agree that GT is not responsible for unauthorized use of these images. I am aware that I am not entitled to compensation from their use.

Parent/Guardian Signature: _____ Date: _____

Warning: Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise.

Please initial each below:

____ I have enrolled my child in the Girls Thrive program and I know, understand, and appreciate the nature of this program and its activities, the benefits to expect, the discomforts, dangers and inherent risks involved in participation.

____ I fully know and understand that participation is voluntary, at my own risk, and I am free to discontinue my child's participation at any time.

____ I understand that it is my responsibility as a parent/legal guardian to complete regular safety and maintenance checks on my child's bike and helmet to ensure it is in good condition and trail ready.

____ I have notified Girls Thrive leaders about any of my child's health concerns and take full responsibility for such concerns.

____ While Girls Thrive takes every step to ensure the safety of my child, I understand that Girls Thrive cannot be responsible for accident, injury, death, or loss incurred as a result of these activities or equipment provided by Girls Thrive.

____ I hereby release Girls Thrive and those involved with the Girls Thrive program from any liability for any claims, demands, injuries, actions, or causes of actions to my person or property arising out of or connected with the use of any of the services, equipment, or facilities provided by Girls Thrive and those individuals involved with Girls Thrive.

In an emergency situation, a phone call will be made first to the primary emergency contact, then to the secondary emergency contact. Permission is granted for the following in the case of an emergency:

- Girls Thrive coaches will call an ambulance if necessary.
- Girls Thrive coaches will drive my child to a hospital, if the emergency contact is unable to do so.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

I have carefully read and understand the foregoing provisions and freely enter into this waiver and release.

Parent/Guardian Signature: _____ Date: _____