



## GirlsCoach GirlsRun

A peer mentoring and 5k run program by  
**Women & Family Life Center**

This program is a 3-tiered peer mentoring program with

**High School Juniors, 8th Graders, and 4th Graders.**

GirlsCoach GirlsRun aims to increase leadership skills, build self esteem, teach healthy lifestyles, and demonstrate the benefits of being an active community member.

**No Running Experience Required!**

### Information Sessions

for Parents & Students:

#### High School Juniors

November 17, 2011 7PM-8PM  
Women & Family Life Center  
96 Fair Street, Guilford

#### 8th Graders

December 8, 2011 7PM-8PM  
Women & Family Life Center  
96 Fair Street, Guilford

#### 4th Graders

January 18, 2012 5PM-6PM  
Women & Family Life Center  
96 Fair Street, Guilford

### Program Schedule

More details available at Information Sessions

#### High School Juniors

January 5-February 9 (Thurs. Afternoons)  
March 1-April 5 (Thurs. Afternoons)  
April 30 -June 4 (Tues. & Thurs. Afternoons)

#### 8th Graders

March 1-April 5 (Thurs. Afternoons)  
April 30 -June 4 (Tues. & Thurs. Afternoons)

#### 4th Graders

April 30 -June 4 (Tues. & Thurs. Afternoons)

Programs will take place at local schools in  
Madison and Guilford

Call the Women and Family Life Center at  
**203-458-6699**

to register for information sessions or to learn more about the GirlsCoach GirlsRun program.



# GirlsCoach GirlsRun

## Registration Form

Child's Name	Date of Birth	School	Grade
Home Address			T Shirt Size
Parent/Guardian Name (s) 1	Parent/Guardian Name (s) 2		
Relationship to Child	Relationship to Child		
Alternate Phone #	Alternate Phone #		
Preferred Phone #	Preferred Phone #		
Parent/Guardian Email	Parent/Guardian Email		

**Payment Information:** (fee is \$75 for 8th graders, \$100 for 4th graders. There is no fee for high school students)

Check    
  Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \_\_\_\_\_ 3 Dig Code \_\_\_\_\_

**Permission to use image and name:**

I hereby grant and assign the Women and Family Life Center the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose in the manner and medium, including website and internet promotion, all photographic, video and digital images of my child and my child's name.

I approve use of all mediums; publish my child's name    
  I approve print materials; but **not** internet    
  Do not publish my child's name

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

**Permission to take my child on practice runs:**

I understand that due to the nature of the GirlsCoach/GirlsRun program, my child will participate in some supervised runs that will require that she run on sidewalks and cross streets. In order for her to participate in this program, I give my permission for my child to go on these runs.

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

**Emergency Information:**

Emergency Contact (other than parent/guardian listed above)

Relationship to Child	Alternate Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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**Medical Information:**

Please list any current or previous accidents, illnesses or physical limitations that would stop or prevent your child from participating in the WFLC GirlsCoach/GirlsRun Program – otherwise please state "none."

Allergies	Medications
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Other Medical Conditions

Primary Care Physician	Address	Phone
Insurance Carrier Name	Insurance Company	Policy #

I give the above named permission to participate in the GirlsCoach/GirlsRun. Also, the above named child (her legal guardian or parent if under eighteen years of age) hereby releases the Women & Family Life Center, its officers, employees and coaches/instructors from any and all liability, claims, suits, damages, losses and expenses, including but not limited to medical expenses and attorney fees, arising from the child's participation in this program by reason of any injury to said child or to any person or property occurring during said participation, or from any cause whatsoever and expressly waives any claim for damages arising therefrom. In the event of an emergency, I give permission for my child to receive basic first aid and to arrange for transportation to a hospital and receive emergency medical treatment if warranted. I will assume all costs for medical care. The above named child(ren) is physically able to participate in activities without limitations (unless otherwise stated). It is the responsibility of the Parent/Guardian to let us know of any changes in the participant's health throughout the program. I also understand that my daughter will be running off of school grounds for part of the GirlsRun training and will be participating in a 5k run at the conclusion of this program.

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