

Girls on the Run of Southeastern District Health



Registration is limited to 15 girls per group and is on a first come first serve basis.

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| Child's Name: | | Date of Birth: | School: | |
| Grade: | T-shirt size: (youth): M L (adult): S M L | | Is this your first time signing up for Girls on the Run? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent/Guardian Name(s): | | | | |
| Address: | | | City: | State: Zip: |
| Home Phone: | | Work Phone: | | Cell Phone: |
| Emergency Contact: | | | | Phone: |
| Email: | | | | |
| Where did you hear about GOTR? (Please be specific): | | | | |
| Girls MUST be picked up no later than 15 minutes after the GOTR session ends. Please indicate your pick-up option: | | | | |
| <input type="checkbox"/> My child is allowed to walk home: | | <input type="checkbox"/> unaccompanied | <input type="checkbox"/> with other girls | |
| <input type="checkbox"/> My child will be picked up by me or by my appointee(s): | | | | |
| Name: _____ Relationship _____ | | | | |
| Name: _____ Relationship _____ | | | | |
| I can be reached at _____ (phone #) when the GOTR session is finished Mon – Thur. for transportation issues that may arise. | | | | |
| Please list any person(s) that WOULD NOT be allowed to pick-up your child: | | | | |

PROGRAM

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| Please Check One: <input type="checkbox"/> Girls on the Run (Grades 3-5) <input type="checkbox"/> Girls on Track (Grades 6-8) Girls on Track location varies each season | | | | | | |
| <input type="checkbox"/> Session: Fall _____(year) <input type="checkbox"/> Spring _____(year) | | | | | | |
| School of Choice: | <input type="checkbox"/> Holy Spirit * | <input type="checkbox"/> Jefferson * | <input type="checkbox"/> Grace Lutheran * | <input type="checkbox"/> Lewis & Clark * | <input type="checkbox"/> Wilcox * | <input type="checkbox"/> Indian Hills * |
| | <input type="checkbox"/> Aberdeen | <input type="checkbox"/> American Falls | <input type="checkbox"/> Pocatello Community Charter School | | | |

* Note: At these sites 6th graders are included in Girls on the Run.

FEES

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| Enclosed is my registration fee of \$40 (Please make checks payable to the Southeastern District Health Department or SDHD) | |
| <input type="checkbox"/> I am requesting a financial aid scholarship. | <input type="checkbox"/> Full Scholarship <input type="checkbox"/> Partial Scholarship in the amount of \$ _____ |
| <input type="checkbox"/> I am in need of assistance in purchasing running shoes for my child. | |
| Signature: | Date: |