

# 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.

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 <b>MUST</b> 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

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 6<sup>th</sup> graders are included in Girls on the Run.

## FEES

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: