



GENERAL INFORMATION

Registration: Please mail registration form and check or scholarship form to:
GOTR, PO Box 6166 Louisville, KY 40206 . Registration is limited to 12 girls in grades 3rd - 5th at each location, and is accepted on a first come, first serve basis.

Our Coaches: Each session is led by trained female head coaches that guide and mentor girls through the fun and uplifting curriculum.

The Curriculum: The program utilizes a whole-person approach to elevate emotional, social, mental and physical health. Topics include: dealing with body image and the media, resisting peer-pressure, making healthy decisions and contributing to the community.

Site Locations: Girls on the Run® Louisville will be offering the 12 week program two days per week and will conclude with all participants walking or running in a 5K event in December. The program will be offered at the below locations and will **begin the week of August 30, 2010:**

The location my daughter would like to sign-up for is: **(circle one)**

Field Elementary	St. Mary Academy	Louisville Collegiate School
M & R: 3:45- 5:15	T & R 3- 4:30	M & R 3:15- 4:45

Program Fees: The program fee is \$150 per participant which includes a t-shirt and the 5K race registration fee. At this time, a few scholarships will be available. Please make checks payable to Girls on the Run Louisville.

Attendance Policy: Girls who are absent for more than 4 practices during one season will longer be eligible to participate in Girls on the Run.

Refund Policy: GOTR will refund 50% of the registration fee if requested in writing Prior to the 4th lesson of a GOTR program. No refunds will be issued after the 4th lesson. If a site is canceled due to insufficient registration or other circumstances deemed appropriate by the Director, the full registration fee will be refunded.

For more information regarding the program go to www.gotrlouisville.org

Registration deadline: August 27, 2010

REGISTRATION FORM

Girl's Name: _____ Birth Date: _____

T-shirt size _____ (YM, YL, AS, AM, AL)

Parent / Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip: _____

Email: * _____

School Name: _____

Name of Child Physician: _____

Physician Phone Number: _____

Emergency Contact: (who to call when we can't reach you)

Name: _____ Phone: _____

Name: _____ Phone: _____

Site chosen: _____

School the participant attends: _____

How did you hear about Girls on the Run Louisville?

Parent / Guardian Signature: _____ Date _____

*By providing your email address you agree to receive periodic information from your Coach and /or the Girls on the Run® Louisville program.

*By registering the above participant, you are agreeing to the Girls on the Run® Louisville participant policies.