

# GIRLS ON THE RUN

## LEXINGTON SCHOOL

**"The two words that best describe Girls on the Run are "FUN" and "RUN".**

Every aspect of this national program is geared toward helping girls feel good about who they are - physically, emotionally and socially. The girls will train for a 5k run/walk event with uplifting, self-esteem enhancing workouts, running games and focused discussion. The program is non-competitive and the innovative curriculum is designed to change a girl's budding notion that how she looks is more important than who she is. The girls will also design and complete a community service project as part of the program. The session includes registration in the Girls on the Run 5k run on Saturday, May 15<sup>th</sup>, 2010 in Vasona Park.

For more information, visit [www.girlsontherun-sv.org](http://www.girlsontherun-sv.org).

**Fee includes: program t-shirt, water bottle, 5k race registration and more!**

\*Scholarships are available. Please contact [kathleen@gotrsv.org](mailto:kathleen@gotrsv.org) for more information.

**MAIL, FAX OR WALK-IN REGISTRATION ONLY, NO PHONE REGISTRATIONS WILL BE ACCEPTED. REGISTRATION BEGINS ON JANUARY 11<sup>TH</sup>**

**Instructor: Kisa Harris & Dana Tollick**

Class Days	Class Dates	Grades	Prog. No.	Bring	Fee
<b>Tues. &amp; Thurs. 2:45-4:00pm</b>	<b>March 2<sup>nd</sup> - May 13<sup>th</sup></b> *No class on April 13 & April 15 *meet from 12:30-1:45 during teacher conference week 3/9 and 3/11	<b>3-5</b>	<b>4488.109</b>	<b>Water bottle &amp; running shoes</b>	<b>\$ 200</b>

**Mandatory Program Information – Please write all information clearly so we can contact you with more program information!**

Parent/Guardian: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day/Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Participant Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School Attended \_\_\_\_\_

T-Shirt (please circle your child's size): Youth: M L Adult: S M L XL

I agree to come to each session on time, dressed to run and promise to actively participate with a positive attitude.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE, WAIVER AND ASSUMPTION OF RISK:** The undersigned, in consideration of participation in this program agrees to indemnify and hold the Community Education and Recreation Department harmless and release the Department from any and all liability for any injury which may be suffered by the named individual(s) registered in this program, arising out of or in any way connected with participation in this program. I HAVE READ THE ABOVE APPLICATION AND AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES RECEIVED.

SIGNATURE

DATE

PARENT  GUARDIAN

**COMPLETE IF PAYING BY CREDIT CARD**

Credit Card No.		Signature
Exp. Date	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	

**If paying by check, please make checks payable to LGS Rec. and mail to LGS Recreation.**