



Site Renewal Form

***Must be received no later than September 30, 2009**

Site Information

SITE: _____ SCHOOL DISTRICT _____ COUNTY _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ FAX: _____

Program/Team Information

Do you plan to have more than one group (team) of girls (up to 16 girls per team)? _____

If yes, how many teams of 16 girls can your site accommodate (considering practice facilities)? _____

Please choose two days per week and the time the participants will meet for 1 1/4 hours per day. NOTE: Ideal start time is 10-15 minutes after dismissal time to allow girls time to change, have a drink of water, etc so that the program can start on time.

Team 1 - Days: _____ Time (i.e., 3-4:15 p.m.): _____

Type of Program (circle one): Girls on the Run (3rd-5th grade girls) Girls on Track (6th-8th grade girls)

Team 2 - Days: _____ Time (i.e., 3-4:15 p.m.): _____

Type of Program (circle one): Girls on the Run (3rd-5th grade girls) Girls on Track (6th-8th grade girls)

Please list 2-3 coaches per team/group. Coaches need to be able to commit to full time, twice a week coaching.

GROUP 1 HEAD COACH NAME: _____ CPR/FIRST AID CERTIFIED? _____

CONTACT INFORMATION: Phone # _____ Email: _____

ADDRESS: _____

RETURNING COACH _____ OR NEW COACH _____

If New coach, training date wish to attend: January 30, 2010 _____ OR February 6, 2010 _____

If have daughter who will participate, name and grade _____

COACH #2 NAME: _____ CPR/FIRST AID CERTIFIED? _____

CONTACT INFORMATION: Phone # _____ Email: _____

ADDRESS: _____

RETURNING COACH _____ OR NEW COACH _____

If New coach, training date wish to attend: January 30, 2010 _____ OR February 6, 2010 _____

If have daughter who will participate, name and grade _____

COACH #3 NAME: _____ CPR/FIRST AID CERTIFIED? _____

CONTACT INFORMATION: Phone # _____ Email: _____

ADDRESS: _____

RETURNING COACH _____ OR NEW COACH _____

If New coach, training date wish to attend: January 30, 2010 _____ OR February 6, 2010 _____

If have daughter who will participate, name and grade _____

GROUP 2

HEAD COACH NAME: _____ CPR/FIRST AID CERTIFIED? _____
 CONTACT INFORMATION: Phone # _____ Email: _____
 ADDRESS: _____
 RETURNING COACH _____ OR NEW COACH _____
 If New coach, training date wish to attend: January 30, 2010 _____ OR February 6, 2010 _____
 If have daughter who will participate, name and grade _____

COACH #2 NAME: _____ CPR/FIRST AID CERTIFIED? _____
 CONTACT INFORMATION: Phone # _____ Email: _____
 ADDRESS: _____
 RETURNING COACH _____ OR NEW COACH _____
 If New coach, training date wish to attend: January 30, 2010 _____ OR February 6, 2010 _____
 If have daughter who will participate, name and grade _____

COACH #3 NAME: _____ CPR/FIRST AID CERTIFIED? _____
 CONTACT INFORMATION: Phone # _____ Email: _____
 ADDRESS: _____
 RETURNING COACH _____ OR NEW COACH _____
 If New coach, training date wish to attend: January 30, 2010 _____ OR February 6, 2010 _____
 If have daughter who will participate, name and grade _____

Please Note: A minimum of one coach per group **MUST** be CPR/First Aid certified and make sure it is current for the entire season. That person must be at EVERY lesson to ensure the safety of our girls. If there is a chance you will miss a lesson, another coach should be CPR/First Aid certified. Please mail or fax a copy of your certification to our office. This must be done **BEFORE** the start of the season. CPR must be renewed annually - First Aid every 3 years.

Coach Discount: We offer a half price discount for one daughter per coach. Coaches need to turn in a registration form with payment of \$87.50 as soon as forms are available.

Snack Reimbursement: We will send a check to the head coach for each group to cover healthy snacks for the girls. It is up to the coaches to purchase snacks for each lesson and keep within the budgeted amount. Snack checks will be mailed out after the first two weeks of the program, once enrollment is finalized. \$15 per girl.

Name of Person to receive Snack Check: _____ Email: _____

Mailing Address: _____

Site Liaison Information

RESPONSIBILITIES OF THE SITE LIAISON (see Site Liaison description)

The Site Liaison's role includes assuring the smooth implementation of the program by securing appropriate training space and serving as a link between school administration, coaches, participants and parents (ideally the site liaison is also the head coach, but could be a teacher at the school, parent, etc).

LIAISON NAME: _____ TITLE/ROLE: _____

LIAISON PHONE #: _____ EMAIL (REQUIRED): _____

New Coach Training

New coaches, or those who missed the training last year, **MUST** attend one of the two sessions offered (either Sat, Jan 30 or Sat, Feb 6, 2010). Both will be held at Lakeside Elementary School in Los Gatos from 9-3.

Program Fees

The fee is \$175 per girl and we do have scholarships available for girls in need. This fee doesn't cover our actual cost per girl and we rely on fundraising and other sources of revenue in order to keep our costs low for all girls who participate. Included in the fee are:

- ✓ 20 lessons conducted by two certified GOTR Silicon Valley Coaches
- ✓ healthy snacks at each lesson
- ✓ lesson handouts
- ✓ Official GOTR Program T-Shirt
- ✓ 5k Race Registration (includes race t-shirt and goody bag)
- ✓ end of season certificates and awards
- ✓ GOTR Silicon Valley coach training and certification fees
- ✓ Fees for liability insurance
- ✓ Fees to GOTR International
- ✓ All administrative assistance to coaches, sites, girls and parents

PLEASE NOTE: Program Registration is on a first come, first serve basis. Coaches' daughters and girls requesting a scholarship still need to turn in their registration forms to be sure they are on the first come, first serve list. Forms are to be mailed into the GOTRSV office ONLY. (One exception - LGS Rec sites in LG and Saratoga ONLY must be mailed into the rec dept - not our office). Registration forms received after we are full at a site will be put on a waiting list. Each group must have a minimum of 10 girls and maximum of 16 girls per group - if there is enough interest a second group can be added if there are more coaches but group size restrictions will remain the same.

Approval by School Administration

Please have school principal or site director sign below indicating his/her acknowledgement and awareness that GOTR will be delivered at your site. We will also need a facility use request from (district paperwork available from school principal or secretary) signed by the principal, submitted with this request. We will complete the form and submit to the district for approval.

Name Title Date

Form Submitted by: _____ **Date:** _____

Please MAIL this form by September 30, 2009 DEADLINE to:
Kathleen Nestler, GOTR of Silicon Valley
PO Box 510, Los Gatos, CA 95031
Fax (408) 354-1465

Please direct any questions you may have to Kathleen Nestler at (408) 406-8406 or Kathleen@gotrsv.org