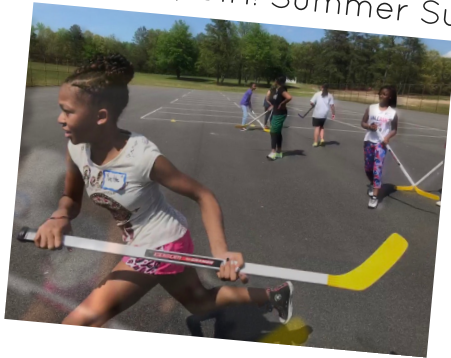


Sign up NOW for a FREE Game On, Girl!

# SUMMER SUMMIT

## WHO?

40 middle school girls and  
10 high school girls  
are invited to join the inaugural  
Game On, Girl! Summer Summit.



## WHAT?

**Game On, Girl! Summer Summit** is an exhilarating three-day camp providing middle and high school girls from the Richmond region the opportunity to enjoy physically-active adventures, develop leadership skills, and increase their knowledge about healthy lifestyles. Activities will include the **Challenge Discovery ropes course**, **kayaking on the James River**, **mentoring from female collegiate athletes**, and many other energetic workshops and games!



## WHERE?

There will be **FREE bus transportation** from specific locations in the Richmond and Chesterfield areas to the **University of Richmond!**



## WHEN?

July 10th, 2017 - July 12th, 2017  
8:00am - 5:00pm,  
including travel time.

## REGISTRATION

Turn completed forms into:

---

This is a **FREE** event, but spaces are limited,  
so sign up soon!

For more information contact Kayla-Brooke Dransfield at  
kayla@grfit4kids.org, (571) 264-4626, www.grfit4kids.org

**GAME ON, GIRL!**

Fit **4** Kids

# CHALLENGE DISCOVERY ROPES

## COURSE INFORMATION



- Please review the **Challenge Discovery Ropes Course Prepare Page** at: <http://www.challengediscovery.com>
- All participants **MUST** complete two **ONLINE** forms: (1.) **Assumption of Risks Form** and (2.) **Medical Information Form**. Unfortunately, hard copy forms cannot be accepted at this time.



## KAYAK RICHMOND INFORMATION

- Please review the **Kayak Richmond Participant Release of Liability Assumption of Risk Agreement**, attached in this packet.
- All participants **MUST** complete this form in order to participate in the group kayaking portion of the Summer Summit.

## BUSING INFORMATION



- The bus will pick up at locations near Lucille Brown Middle School, Henderson Middle School, Falling Creek Middle School, and Salem Church Middle School between **8:00am-8:30am** to take participants to the University of Richmond.
- The bus will drop participants back off at locations near Lucille Brown Middle School, Henderson Middle School, Falling Creek Middle School, and Salem Church Middle School between **5:00pm-5:30pm**.

**\*More information regarding transportation will be made available as the Summer Summit approaches.**

# CHECKLIST

## ARE YOU PREPARED?

- ✓ Complete **2017 Summer Summit Permission Slip**
- ✓ Complete **both online Challenge Discovery Ropes Course** forms.
- ✓ Complete **Kayak Richmond Participant Release of Liability Assumption of Risk Agreement.**
- ✓ Complete **University of Richmond Liability Waiver.**
- ✓ Staple all completed forms together and return to the contact at your school to reserve your spot at the Summer Summit!
- ✓ Wear comfortable, athletic clothing for all three days; and bring a bathing suit for Day 3 - kayaking.
- ✓ Wear closed-toed tennis shoes or sneakers.
- ✓ Wear long hair in a low ponytail for helmet fitting for Day 1 - ropes course.

### THE FOLLOWING ITEMS WILL BE PROVIDED:

T-shirt and water bottle  
Healthy lunch and snacks each day

For more information contact Kayla-Brooke Dransfield at [kayla@grfit4kids.org](mailto:kayla@grfit4kids.org), (571) 264-4626, [www.grfit4kids.org](http://www.grfit4kids.org)

**GAME ON, GIRL!**

Fit **4** Kids





### 2017 Summer Summit Permission Slip

Are you already involved in a Game On, Girl! program? YES NO

If so, which program?

- Middle School After School Program at \_\_\_\_\_ Middle School
- Girls with Goals Leadership Academy

How did you find out about the Summer Summit? (Please circle ALL that apply)

Phone Call Flier or Poster in School Teacher or School Staff Game On, Girl! Coach  
Fit4Kids' Website Other: \_\_\_\_\_

#### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size: (Please circle one) Youth L Adult: S M L XL

Participant's Email: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

#### SCHOOL INFORMATION

Name of Participant's School: \_\_\_\_\_

Grade participant will be in Fall 2017: \_\_\_\_\_

#### PARENT OR GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_

Best Way to Contact: (Please circle one) Phone Email Mail

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_

#### AUTHORIZED/UNAUTHORIZED PICK UP PERSON

Please indicate individuals who are allowed to pick up the participant, as well as any individuals who are **NOT** allowed to pick up the participant.

Authorized Pick up Person(s): \_\_\_\_\_

**UN-Authorized** Pick up Person(s): \_\_\_\_\_

#### MEDICAL INFORMATION

Does this participant have allergies?: YES NO

If yes, please describe: \_\_\_\_\_

Please describe all medical conditions and/or other special needs: \_\_\_\_\_

A healthy lunch and snack will be provided each day. Please list any dietary needs or restrictions below:

\_\_\_\_\_  
\_\_\_\_\_

**General and Medical Release**

For good consideration, including the privilege of participating in programming with Greater Richmond Fit4Kids (here after referred to as Fit4Kids), the undersigned hereby releases Fit4Kids program partners, respective officers, directors, agents and employees from all liability, claims, demands, actions, losses or obligations of whatever nature, at law, in equity or otherwise whatsoever, arising out of, or related in any manner to the undersigned child’s participation in any Fit4Kids programs and activities. In signing the foregoing release, the undersigned hereby acknowledges and represents that he/she has read the foregoing release, understands it, and signs it voluntarily as the authorized parent/ guardian grants permission for child to participate in, travel with, and receive any needed medical care required while in programming with Fit4Kids. In addition to the foregoing release and in no way in limitation thereof, in the event of a medical emergency, I hereby authorize Fit4Kids and its chosen medical professionals to obtain medical care, treatment or hospitalization for my child. I understand that I am responsible for all costs/payments associated with her medical care. To the best of my knowledge, I confirm my child is in good physical health and no condition exists preventing her from safely participating in the program.

**Photo and Information Release**

I give Fit4Kids my free and unlimited consent to use, broadcast or publish with or without identification of me or my family by name, all photographs, videotapes, films or interviews that are taken or recorded in connection with or in any way related to Fit4Kids programs and activities. I also give my permission to Fit4Kids to authorize any newspaper, company or other organization to use, broadcast or publish above named materials.

**Program Evaluation Consent**

I understand that Fit4Kids will be conducting a comprehensive evaluation of all programs and services. My daughter may be asked to complete a questionnaire or to participate in a focus group about her likes and dislikes of the program or to obtain other information relating to the impact of sports and fitness on the overall well-being of involved participants.

I, parent/guardian of above participant, give permission for my child to participate in Fit4Kids programs and understand all above releases and disclaimers. I understand that staff will be in communication with me about my child’s involvement with Fit4Kids and that I can contact the agency at any time to communicate regarding my daughter’s participation.

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





### Liability Waiver

I expressly understand and agree to indemnify and save the University of Richmond and the Commonwealth of Virginia harmless from and against any and all claims, liabilities, costs, expenses, fires, injuries and/or deaths, which arise from or are caused by, in whole or in part, directly or indirectly, the use of University facilities or the activity hereby applied for by the applicant, its employees, servants, agents, invitees, or independent contractees. I further understand that use of University facilities, as a voluntary request, is made at the sole risk of the applicant, and that neither the Recreation & Wellness Department, the University of Richmond nor the Commonwealth of Virginia make any representation, expressed or implied, as to the suitability or fitness of such facilities.

I acknowledge that I am in good physical condition and willfully choose to participate in Recreation and Wellness activities, further I will not engage in any activities that may aggravate any present or future physical impairment that I have.

**\*\*If you have any physical restrictions, your physician **MUST** approve your activity. This form must be accompanied by a letter from your physician approving your activity to include his/her name, address and signature.\*\***

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent