

Sign up NOW for the 2nd Annual Game On, Girl!

# SUMMER SUMMIT

## WHO?

50 middle & high school girls are invited to join the 2nd Annual Game On, Girl! Summer Summit.



## WHERE?

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



## WHAT?

**Game On, Girl! Summer Summit** is an exhilarating 5-day camp providing middle & high school girls from the Richmond region the opportunity to enjoy 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!



## WHEN?

July 30 - August 3, 2018

8:00am - 5:00pm,  
including travel time.

## REGISTRATION

Turn completed forms into:

## SUMMIT ELIGIBILITY

- This exhilarating camp is **FREE** to participants who are currently involved with Game On, Girl! and the Girls with Goals Leadership Academy, girls who attend our partner schools, or a Richmond Public Schools middle/high school (listed below).
- If participants do not attend one of these schools, the registration fee is \$250.00. Price increases to \$300.00 on 6/15/18. Please make checks payable to **"Greater Richmond Fit4Kids"**
- There are a limited number of scholarships available for participants at non-partner schools. Please send inquiries and requests to KB Dransfield at [kayla@grfit4kids.org](mailto:kayla@grfit4kids.org).

**Partner Schools:** Falling Creek MS, Salem Church MS, Douglas L. Wilder MS, Lucille Brown MS, Boushall MS, Henderson MS, Martin Luther King Jr. MS, Elkhardt-Thompson MS, Albert Hill MS, Binford MS, John Marshall HS, Armstrong HS, Open HS, Richmond Community HS, George Wythe HS, Huguenot HS, Thomas Jefferson HS

### THE FOLLOWING ITEMS WILL BE PROVIDED:



T-shirt, water bottle, small backpack  
Healthy lunch, snacks, and plenty of water each day

## 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\***

# REGISTRATION FORMS AND WAIVERS

## 2018 Summer Summit Permission Slip

Please review and complete the attached **Game On, Girl! 2018 Summer Summit Permission Slip**.

### 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.

## IMPORTANT

XXXXXXXXXXXXXXXXXXXX

Because we are working with a variety of community partners to make this year's Summer Summit possible, **we will be reaching out with additional waivers/paperwork as we work to finalize our camp schedule; please make sure email address is legible.**

Please complete all forms referenced in this packet to reserve your spot at the Game On, Girl! Summer Summit:

- 2018 Summer Summit Permission Slip (attached)
- Kayak Richmond Participant Release of Liability Assumption of Risk Agreement (attached)  
\*staple paper forms together and return to teacher listed on front of packet\*
- **TWO online** Challenge Discovery Ropes Course forms (Assumption of Risks Form & Medical Information Form)

***You will receive email confirmation once your forms have been received by  
Greater Richmond Fit4Kids.***





\*RETURN  
THIS  
FORM\*

## 2018 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 2XL 3XL 4XL  
Participant's Email: \_\_\_\_\_  
Participant's Phone Number: \_\_\_\_\_

### SCHOOL INFORMATION

Name of Participant's School: \_\_\_\_\_  
Grade participant will be in Fall 2018: \_\_\_\_\_

### 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:** \_\_\_\_\_

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***You will receive email confirmation once your forms have been received by Greater Richmond Fit4Kids.***

**KAYAK RICHMOND PARTICIPANT RELEASE OF LIABILITY  
ASSUMPTION OF RISK AGREEMENT  
\*\*\*READ BEFORE SIGNING\*\*\***

Participant Name: \_\_\_\_\_  
*Print Full Name*

Participant Address: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

**2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation. This does not apply to claims, demands, losses or liability determined to be the result of the Gross Negligence or the Wanton and Willful Misconduct of the Releasees.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Kayak Richmond, LLC, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law. This does not apply to claims, demands, losses or liability determined to be the result of the Gross Negligence or the Wanton and Willful Misconduct of the Releasees.

## Health Statement

I will notify Kayak Richmond, LLC ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

## Media Statement

By signing below, I hereby grant and convey to Kayak Richmond, LLC all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by to Kayak Richmond, LLC.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**X** \_\_\_\_\_  
Participant's Signature                      Age \_\_\_\_\_                      Date \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law. This does not apply to claims, demands, losses or liability determined to be the result of the **Gross Negligence or the Wanton and Willful Misconduct of the Releasees.**

**X** \_\_\_\_\_  
Parent/Guardian Signature                      Date                      Emergency Phone Number(s)