

Spring 2013 Season Presented by:



**PIEDMONT  
MEDICAL CENTER**

Powerful Medicine, Made Personal.

**Registration Opens 1/21/13**  
**No forms will be accepted prior to 1/21/13**

Space is limited

**8 - 15 girls per team**

- Fill out registration form and return to school office with **PAYMENT**
- **If you are paying a reduced fee** - fill out scholarship form on reverse side

**FIRST COME, FIRST SERVE\*\***

**Program Includes:**

- 20 lessons of curriculum based lessons
- Trained GOTR coaches
- Lesson materials
- 5K registration and t-shirt
- Program t-shirt, water bottle

For more information please visit  
[www.gotrtricitysc.org](http://www.gotrtricitysc.org)

**1**

**REGISTRATION INFORMATION:**

**Program Fee: \$130** (or amount based on adjusted scholarship scale on reverse)

Checks or Money Orders made payable to: **GOTR Tri County SC**

Program site/School \_\_\_\_\_

Girl's name \_\_\_\_\_ Grade \_\_\_\_\_ Girl's birthday \_\_\_\_\_

Parents' name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**2**

T-shirt size-please circle one:

YM YL AS AM AL AXL

**3**

Girls on the Run would like to have an email address for program updates and communication with families:

Email: \_\_\_\_\_

**4**

**Parent/Guardian Consent Form**

I, the undersigned: \_\_\_\_\_ parent \_\_\_\_\_ legal guardian, certify that the named participant, above, is covered by an insurance program with \_\_\_\_\_ Company which will adequately compensate for injuries incurred while participating in activities

sponsored by Girls on the Run Tri County SC. I also do hereby release Girls on the Run of the Tri County and Girls on the Run International, its directors, officers, employees, agents or volunteers, from all liability related to loss or damage to personal property or bodily injury, while traveling to/from sponsored events, or while on properties used by Girls on the Run Tri County SC.

I have read this form and understand there are inherent risks associated with physical activity. To the best of my knowledge there are no contradictions to my daughter's participation for the Girls on the Run program. By my signature below, I give permission for my daughter to participate in this program.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sponsored by: **ATHLETA**



**Program Fee: \$130 – Check, Cash or Money Order made payable to:  
GOTR Tri County SC**

Scholarship assistance begins at income levels listed below:

<u>Annual Income</u>	<u>Fee</u>	<u>Scholarship Given</u>
\$59,999 - \$40,000	\$100	\$30
\$39,999 - \$30,000	\$70	\$60
\$29,999 - \$20,000	\$50	\$80
\$19,999 - \$10,000	\$30	\$100
\$9,999 and less	\$15	\$115

**GOTR Tri County SC Scholarship Program Requirements**

If you pay less than the full rate of \$130 please fill out the information below.  
Please provide the following information:

Household name: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Dependents as stated in current years tax form: \_\_\_\_\_

Adjusted gross income as stated in current years tax form: \_\_\_\_\_

Do you qualify for free or reduced lunch at your school? Yes \_\_\_ No \_\_\_

Special Circumstances: please list any special circumstances that contribute to  
your request for financial assistance: \_\_\_\_\_

**At the time of registration you must pay the amount indicated above based on  
your income range.** If you need to make other arrangements contact us at 803-  
493-3834

I, \_\_\_\_\_ attest that this information is correct and will, if  
requested, provide tax documentation to support these claims.