

Entered by: _____
 Date entered: _____

Girls in the Game Winter Olympics



Bus #1

- Jamieson
 - Pick up-8:30am
 - Drop off-4:20pm
- Grover Cleveland
 - Pick up-8:50am
 - Drop off-4:00pm
- Libby
 - Pick up-9:30am
 - Drop off-3:20pm
- Curie H.S.
 - Drop off-9:50am
 - Pick up-3:00pm



Bus #2

- Dubois
 - Pick up-8:35
 - Drop off- 4:15pm
- Burnham
 - Pick up-9:00am
 - Drop off-3:55pm
- Randolph
 - Pick up-9:30am
 - Drop off-3:25pm
- Curie H.S.
 - Drop off-9:50am
 - Pick up-3:00pm



Bus #3

- Pershing
 - Pick up-8:45am
 - Drop off-3:55pm
- Kinzie
 - Pick up-9:15am
 - Drop off-3:55pm
- Richardson
 - Pick up-9:35am
 - Drop off-3:10pm
- Curie H.S.
 - Drop off-9:50am
 - Pick up-3:00pm



Bus #4

- Nobel
 - Pick up-8:50am
 - Drop off-3:55pm
- Herzl
 - Pick up-9:20am
 - Drop off-3:35pm
- Crown
 - Pick up-9:30am
 - Drop off-3:25pm
- Curie H.S.
 - Drop off-9:50am
 - Pick up-3:00pm

2017 – 2018 GAME DAY INTAKE FORM

PARTICIPANT INFORMATION

Name of Participant _____ Date of Birth _____
 Age _____
 Race: (circle one) African-American Asian Caucasian Hispanic/Latina
 Middle Eastern Multiracial Native-American Other _____
 Shirt Size: (circle one) Adult or Youth (circle one) S M L XL
 Shoe Size _____
 Participant's Email _____
 Participant's Cell Phone _____

SCHOOL INFORMATION

Year/Grade _____
 Does participant receive free or reduced lunch at school? YES NO

Bus Stop Information

Will your daughter take a bus: YES NO
 If yes, Bus # _____ Bus Stop Name: _____

FAMILY INFORMATION

Name of Parent/Primary Guardian(s) _____
 Relationship _____
 Primary Language Spoken _____



Address of Participant _____
Zip Code _____
Primary Phone _____ Secondary Phone _____
Parent/Primary Guardian(s) Email _____

AUTHORIZED PICK-UP PERSON

Please indicate any/all individuals who are allowed to pick up participant, only authorized pick up people will be allowed to pick up participants. Name of first Authorized Pick-up Person _____
Name of second Authorized Pick-up Person _____

OR
 My daughter, _____, is allowed to walk home herself from programming.

MEDICAL INFORMATION

This participant takes medication (circle one): YES NO
List all medications (with doses/times taken) that are prescribed to the participant: _____

This participant has allergies to food /other products (circle one): YES NO
If yes, describe: _____

Describe all medical conditions or other special needs: _____

General and Medical Release

For good consideration, including the privilege of participating in programming with Girls in the Game from July 2017 - June 2018, the undersigned hereby releases Girls in the Game, 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 Girls in the Game 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 Girls in the Game. In addition to the foregoing release and in no way in limitation thereof, in the event of a medical emergency, I hereby authorize Girls in the Game 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 Girls in the Game 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 Girls in the Game programs and activities. I also give my permission to Girls in the Game to authorize any newspaper, company or other organization to use, broadcast or publish above named materials.

Program Evaluation Consent

I understand that during July 2017- June 2018, Girls in the Game will be conducting a comprehensive research evaluation, with the help of outside research schools/organizations, of all programs and services of the Girls in the Game organization. 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 understand that grades, attendance and other school related information may be supplied to Girls in the Game by my daughter's school/program. All information so received by Girls in the Game will remain confidential, including my daughter's name and other identifying information unless I grant further permission.

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

Parent/Guardian Signature _____ Date _____

