

GO GIRL GO 2026

**BE ACTIVE
BE INVOLVED
BELONG**

Go Girl Go is a young women's athletic empowerment program that focuses on improving the social/emotional health and well being of girls by combining sports, physical activity, leadership, & education.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Leads: Mrs. Guler & Mrs. Briem

Where: Meet in Gym @Carrolls Elementary School

When: Tuesdays, February 3rd – April 28th, 2026

(12 weeks, excluding spring break)

Time: 3:30pm-4:30pm

Grade: K-5th (limit of 30 participants)

Cost: \$50.00

Lead Contact Info: kristen.briem@kelsosd.org & bella.guler@kelsosd.org

"This activity is not sponsored or endorsed by Kelso School District."



PARTICIPANTS WILL RECIEVE:

- ◆ 1 NEW PAIR OF ATHLETIC SHOES FROM BIG5
- ◆ 1 GO GIRL GO T-SHIRT FOR 5K EVENT
- ◆ 12 WEEKS OF PHYSICAL ACTIVITIES & CURRICULUM, WITH IMPORTANT TOPICS COVERED SUCH AS BODY IMAGE & NUTRITION
- ◆ THE OPPORTUNITY TO PARTICIPATE IN A 5K FUN RUN (SNACK, SWAG BAGS AND WATER PROVIDED)

FOR MORE INFO:

Hanna Colburn
(360) 423-4770, x211
hannac@longviewymca.org

*Limited scholarship discounts available.
These discounts are based on income and will need to be approved by Hanna



HOW TO SIGN UP:

Fill out registration form on the back, attach payment in a sealed envelope, and return to your school office by:
Friday, January 30th.

TURN OVER



YMCA OF SOUTHWEST WASHINGTON
766 15TH AVE / P O BOX 698
LONGVIEW WA 98632
360-423-4770 | www.longviewymca.org |





FOR YOUTH DEVELOPMENT®
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YMCA of Southwest Washington

GO GIRL GO! 2026



Child Last Name: _____ First: _____ DOB: _____

Age: _____ Grade: _____ School: _____

Shirt Size: _____ (SMALL/MEDIUM/LARGE/X-LARGE) YOUTH ADULT *please check box for youth or adult size shirt

Parent/Guardian Last Name: _____ First: _____ DOB: _____

Street Address: _____ City: _____ ZIP: _____

Primary/Cell#: _____ Email: _____

LIABILITY WAIVER: I understand that the YMCA of Southwest Washington assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the YMCA of Southwest Washington, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

CORONAVIRUS/ COVID-19 Warning & Disclaimer: Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Southwest Washington programs or accessing YMCA of Southwest Washington facilities could increase the risk of contracting COVID-19.** The YMCA of Southwest Washington in no way warrants that COVID-19 infection will not occur through participation in YMCA of Southwest Washington programs of accessing YMCA of Southwest Washington facilities.

PROPERTY LOSS: I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the YMCA facilities or on YMCA program premises.

PHOTO/VIDEO/AUDIO RELEASE: For my participation in activities to be conducted by they YMCA of SW WA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience. My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the work in perpetuity. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or material referenced herein.

INSURANCE: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

MEDICAL RELEASE: I authorize the YMCA of Southwest Washington, as my agent, to give consent to surgical or medical treatments by a licensed physician or hospital when such treatment is deemed necessary by the physician and I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR or other treatment by a qualified staff member.

ACCEPTANCE: This waiver and release is given for myself and on behalf of the minor members of my family listed, if any. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

BEHAVIOR: The YMCA of Southwest Washington is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny memberships to its applicants and to revoke a membership of any current member or participant at its sole discretion.

REFUNDS: Refunds must be approved through the Director and are submitted on a case by case basis.

Signature (Parent or Guardian if under 18)

Date

