



GIRLS REPRESENTING IN TRADES

## GRIT High School Program: 9<sup>th</sup> -12<sup>th</sup> grade girls

This winter and spring, the GRIT (Girls\* Representing in Trades) program is offering 3 brand new workshops for high school girls\* in Missoula and western Montana! These in-depth workshops will cover carpentry, welding and sustainable energy! In each workshop you'll gain tangible hands-on skills, build a personal project to take home, work as a team to create a group project to donate to an organization, build confidence and leadership skills, make new friends, and of course, have lots of fun!

You can register for as many workshops as you'd like. We will accept 10 girls in each. We ask participants to attend all dates of the workshop they register for.

In addition to these in-depth programs, GRIT will be offering shorter one-day or half-day bonus programs on topics like basic car maintenance, firefighting, architecture, roofing, basic electrical work, and tiling. Some will be open to youth and adults! Stay tuned for details!

### Workshop Schedules:

\*\*These schedules are subject to change, depending on instructor and space availability, but programs will run close to these dates.

#### **Carpentry:**

Saturday, January 13<sup>th</sup>: 9:00am-4:00pm  
Tuesday, January 16<sup>th</sup>: 4:00pm-7:00pm  
Saturday, January 27<sup>th</sup>: 9:00am-4:00pm  
Tuesday January 30<sup>th</sup>: 4:00pm-7:00pm

#### **Welding:**

Saturday, February 17<sup>th</sup>: 9:00am-4:00pm  
Tuesday, February 20<sup>th</sup>: 4:00pm-7:00pm  
Saturday, March 3<sup>rd</sup>: 9:00pm-4:00pm  
Tuesday, March 6<sup>th</sup>: 4:00pm-7:00pm

#### **Sustainable Energy\*\*:**

Saturday, May 19<sup>th</sup> 9:00am-4:00pm  
Sunday, May 20<sup>th</sup> 9:00am-4:00pm  
Plus 2 4:00pm-7:00pm afterschool sessions, dates TBD

\*Inclusion statement: Interested participants who identify with girlhood or womanhood are welcome to join GUTS! and GRIT programs. This includes participants who are transgender or are outside the gender binary and feel that GUTS!/GRIT could be beneficial or enjoyable to them.

**To register:** Please complete the online registration form that can be found at [www.ywcaofmissoula.org](http://www.ywcaofmissoula.org) or complete a hard copy registration form and return to the YWCA. This program is free of charge.

**Questions?** Contact Margaret or Roe at (406) 543-6691 or email [mhoyt@ywcaofmissoula.org](mailto:mhoyt@ywcaofmissoula.org)

**All activities** are subject to change, depending upon weather conditions and other unforeseen challenges.

## 2018 GRIT High School Registration Form

(please print clearly)

**Registration forms for Carpentry are due January 6<sup>th</sup>, 2018**

**Registration forms for Welding are due February 10<sup>th</sup>, 2018**

**Registration forms for Sustainable Energy are due May 13<sup>th</sup>, 2018**

Name of participant \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Cell phone \_\_\_\_\_ Participant Email \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

### Parent/Guardian #1

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Parent/Guardian #2

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact** (an additional contact in event parent(s)/guardians(s) listed above cannot be reached)

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_ Phone# \_\_\_\_\_

### Program interested in:

- Carpentry program starting January 13<sup>th</sup>, 2018
- Welding program starting February 17<sup>th</sup>, 2018
- Sustainable energy program starting April 14<sup>th</sup>, 2018

Have you participated in any YWCA GUTS! or GRIT programs before? If so, please list past groups or trips in which you participated: \_\_\_\_\_

**Please explain any relevant health or medical issues, including allergies:**

**How did you hear about GRIT?**

**What do you hope to get out of the GRIT program? Is there any trade you would like to learn more about?**

**Do you have reliable transportation to the GRIT programs?**

**Do you have any other concerns about participating in GRIT?**

**Anything else you would like to share with us?**



YWCA of Missoula  
1130 W. Broadway  
Missoula, MT 59802

T: 406-543-6691  
F: 406-543-6777  
www.ywcaofmissoula.org

Participant's Name: \_\_\_\_\_

**Waiver and Release Agreement**

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

In consideration of my being permitted to participate in the activities of Girls Using Their Strengths (GUTS!) and /or the YWCA Missoula, I agree to the following Waiver and Release.

I acknowledge that hiking, backpacking and other outdoor activities have inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. Travel in rugged country with possible avalanche danger.
2. Encounters with wildlife.
3. Temperature extremes.
4. Inclement weather conditions and unavailability of immediate medical attention in case of injury.
5. Injuries due to hiking accidents.

I understand these risks, hazards and danger of outdoor activities and have had the opportunity to discuss them with the GUTS! Staff. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have the good physical condition and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have these responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of these risks. I AM VOLUNTARILY USING THE SERVICES OF GUTS!/ YWCA Missoula WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY , PARALYSIS OR DEATH.

Lastly, I for myself, my heirs, successors, executors and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS GUTS!/YWCA, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE, of any kind or nature, whether such damage loss, injury, paralysis or death results from negligence of GUTS!/ YWCA or from some other cause I, for myself, my heirs, my successors, executors, and subrogees, further agree not to sue GUTS!/YWCA Missoula as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of GUTS!/ YWCA.

I agree that GUTS!/ YWCA Missoula may photograph and record my likeness and activities. I grant the following rights to GUTS!/ YWCA Missoula, her/his agents and assigns: permission to use and re-use, publish and re-publish, and modify or alter the image(s) taken during the shoot. Use of the images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge GUTS!/ YWCA Missoula and her/his agents and assigns from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy or other tortuous act.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
If participant is under age of 18, Parent/ Legal Guardian

\_\_\_\_\_  
Participant's Name (Printed)

\_\_\_\_\_  
Parent's Name (Printed)

# HEALTH HISTORY

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

COURSE: \_\_\_\_\_ DATE OF COURSE: \_\_\_\_\_

**WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU PROVIDE MAY ASSIST PEOPLE IN THE UNLIKELY EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY. FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.**

***IN CASE OF EMERGENCY, PLEASE CONTACT:***

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:***

All known allergies: \_\_\_\_\_ Disabilities: \_\_\_\_\_

Heart Conditions: \_\_\_\_\_ Phobias or Fears: \_\_\_\_\_

Past Injuries/Illnesses/Seizures and Dates: \_\_\_\_\_

Past Operations and Dates: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Do you wear glasses/contact lenses? \_\_\_\_\_

Please list any other medical information or history that would be important for us to know: \_\_\_\_\_

\_\_\_\_\_

**IF PARTICIPANT IS UNDER THE AGE OF 18, PARENT/GUARDIAN MUST COMPLETE THE SHADED BOX**

Doctor's Name: _____	Doctor's Phone _____
Doctor's Address: _____	
Insurance Policy: _____	Group Number: _____
Blood Type: _____	

## **PERMISSION TO RECEIVE FIRST AID & TO SECURE MEDICAL HELP**

I am sufficiently fit to participate in this program. I have completed health history information that is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitator(s) of any changes to my health and fitness, which may occur before or during the program. Should I become ill or injured, I give permission for the program facilitator(s) to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

Signature (If under 18 parent or guardian must sign): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:(last) \_\_\_\_\_ (first) \_\_\_\_\_