



KID FIT | ALL SPORTS TRAINING



FOR BOYS AND GIRLS

Register Now until October 19th. Clinic runs from October 22 - November 25th. The program combines Kid Fit with sport-specific training. Participants meet in the Kids in Motion Studio Monday, Wednesday, and Friday for conditioning. Sunday we work on individual skill development in their sport of choice (Basketball, Volleyball and Soccer).

I AM REGISTERING MONDAY/WEDNESDAY/FRIDAY FOR:

- KID FIT 5:00-5:50 PM | K-3RD GRADE
- KID FIT 6:00-6:50 PM | 4TH GRADE-MIDDLE SCHOOL

COST: Y-Member \$35 | Non-Member \$50

For more info, contact: Duron Jackson | 304.697.7113 | djackson@huntingtonymca.org

FOR MORE INFORMATION:

Phil Cline Family Y | 304.697.7113 | www.huntingtonymca.org



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May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

Please complete all information. Incomplete forms will not be processed.

PLAYER INFORMATION **PLEASE PRINT CLEARLY**

MEMBER NO. _____ DATE OF BIRTH _____ GRADE _____ SEX: MALE FEMALE
 LAST NAME _____ FIRST NAME _____ M.I. _____
 PARENT / GUARDIAN NAME(S) _____
 STREET ADDRESS _____ APT. NO. _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE: (____) _____ CELL: (____) _____ EMAIL: _____

MEDICAL / EMERGENCY INFORMATION

IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____
 NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those injuries or damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program(s), which may include, but not be limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity, I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

_____/_____/_____
 Parent / Guardian Signature Date Parent / Guardian Signature Date

MAIL OR DROP OFF APPLICATION TO: Huntington YMCA | 917 9th Street | Huntington, WV 25701

DATE ____/____/_____
 LAST NAME _____
 FIRST _____