



KID FIT | DAYTIME FOR HOMESCHOOLERS

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 • www.facebook.com/kidsinmotionhuntingtonymca

KID FIT program offers children and teens four weeks of unique group exercise training with their peers. Children will experience exercise like they never have before. Using our exergaming equipment and state of the art fitness studio, participants will get the chance to workout in a fun, interactive environment.



DATE ____/____/____
LAST NAME _____

I AM REGISTERING

- KID FIT TUES. & THURS., 9:00-10:00 AM | K-5TH GRADE**
- KID FIT TUES. & THURS., 2:00-3:00 PM | 6TH GRADE-12TH GRADE**

OPEN HOUSE: AUGUST 23, 2018
START DATE: TUES. SEPTEMBER 11, 2018
Cost - Members: \$25 | Non-Members \$40

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

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

PARTICIPANT INFORMATION PLEASE PRINT CLEARLY

MEMBER NO. _____ DATE OF BIRTH _____ AGE _____ 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: (_____) _____

FIRST _____

I agree that the Huntington Y may photograph or videotape me, and the Y may use those photographs or video footage for its marketing purposes I release the Y from any claim or liability related to that use, and waive all claims for myself, my heirs and assignee against the individual staff persons and the Huntington Y.

_____/_____/_____
Parent / Guardian Signature Date

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

DROP OFF at any Y location or **MAIL APPLICATION TO: YMCA | 917 9th Street | Huntington, WV 25701**