



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Healthy Y Kids Fitness Program Registration

Who: Children ages 7-13. Must have completed a Rutter’s Youth Fitness Orientation

When: Monday and Wednesday from 5:30-6:30pm **Dates:** 1/16-2-22

Where: South Hanover YMCA located at 1013 Baltimore Street. Phone: 717-632-0294.

Cost: \$30

This 6 week program will teach the participants how to use our new Kid Only equipment as well as teach them safe and proper exercise techniques. Each week the students will perform a different exercise routine as well as be introduced to various speed and agility drills to help them during their sports seasons. Also provided will be 3 nutrition lessons taught by Cindy Shank, a registered dietician from the Hanover Hospital.

Lesson Topics: Balance My Plate Relay, Right-Size My Plate, The Low-Down on Sugar

Registrations will be accepted at any YMCA branch locations.

Late registrations must contact Cory Conrad at the YMCA. Scholarships are available upon request. Scholarship request must be done at the YMCA at least 2 weeks prior to the start of the program. To contact Health and Wellness Director, Cory Conrad, email at cconrad@hanoverymca.org or call 717-632-8211.

Child’s Name	DOB and Grade
Parent (s)/ Guardian(s) Name	Phone Numbers (cell/home)
Emergency Contact Person (s)	Phone Number
Person(s) to whom child may be released	Phone Number
Child’s Physician	Phone Number
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (required)
Medical or Dietary Information Necessary in an Emergency	Medication, Special Conditions
Allergies (including medication reaction)	Special Disabilities

This health history is correct as far as I know, and the person therein has permission to engage in activities , except as noted by me or my physician. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment to. I understand that I will also be responsible for payment of all medical expenses related to injury(s) sustained during my child’s attendance in this program.

Signature of Parent or Guardian

Date