



new balance foundation

Youth Fitness Center – Kid Power Registration

Please fill in/circle the information below:

Name of Child: _____

Age: _____ Gender: _____ Grade: _____

Participating in the After School Program? Yes or No

Participating in another program(s) here at the AYC? Yes or No

I'm signing my child up to utilize the New Balance Foundation Youth Fitness Center that will be held on **Monday, Wednesday & Friday** for ½ Hour from (Please circle **ONE** time frame).

3:30 p.m. to 4:00 p.m. 4:00 p.m. to 4:30 p.m. 4:30 p.m. to 5:00 p.m. 5:00 p.m. to 5:30 p.m.

During the 30 minute session your child will complete the circuit routine 3 sets of 12 repetitions on each machine. After the circuit routine the child will participate in a nutrition lesson, learning sheets related to exercise, muscles, and nutrition, or an aerobic activity.

I understand that for my child to participate in the New Balance Foundation Youth Fitness Center my child must attend All Three days: Monday, Wednesday and Friday; and that my child's Body Mass Index (BMI) and Waist Girth will be measured once in the beginning, middle and at the end of the session. **The session will start January 5, 2009 and end on April 3, 2009.**

I agree and understand that my said child will be participating in the New Balance Foundation Youth Fitness Center, and I (we) will not hold New Balance Foundation Youth Fitness Center of the Boys & Girls Club and YMCA at the Alfond Youth Center, or any of their members or employees, liable for any injuries or losses sustained during, or as a result of, this program. I (we) waive any reimbursement for any results published or for any pictures that may be taken of my child for promotional use.

Program Fee: **FREE** for youth who have an active Alfond Youth Center Youth Membership.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian contact phone number: _____

Parent/Guardian home address: _____