



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FIT KID FUN

Youth Group Fitness Class ONEIDA FAMILY Y



Join us for a Youth fitness program that promotes a healthy lifestyle. Through this program your children will gain character building skills which include building new relationships, being responsible through class and learning how to show empathy towards others all while being fit and active! Many of the activities involve working together and cooperation as well as learning new exercise routines!

- AGES:** 8 - 11 years old
- COST:** Members: \$30
Non Members: \$60
- WHEN:** Tuesday Evenings 5:15-6 PM
September 10th - October 15th
Must register by September 8th!
- LOCATION:** ONEIDA FAMILY Y GYM
701 Seneca Street
Oneida, NY 13421
(315) 363-7788



Please fill out the backside of this page with your contact information and hand it back into the front desk! For any questions, please contact Gregory Torrey.
315-363-7788 ext. 224



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Registration Form

Child's Name _____

DOB _____

Child's Name _____

DOB _____

Parent _____ phone (h) _____

Email: _____

Parent _____ phone (h) _____

Email: _____

Type of Membership (please circle one):

Member

Non Member

I submit my child is willing and physically able to participate in this athletic activity and waive the YMCA of the Greater Tri-Valley Association of any and all responsibility for injury or illness. I understand that my child's participation in this activity involves certain risk and regardless of the precautions taken by the YMCA staff and volunteers injuries can occur, with this being said, I hereby authorize the directors/staff/volunteers of the YMCA of the Greater Tri-Valley to act according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide this organization with proof of medical and accident insurance at the time of registration. Knowing this, you agree to absolve, and hold harmless the YMCA of the Greater Tri Valley, the organizers, coach/instructors along with any volunteers, in the case of an injury to my child while participating in this program. Please note, in order to participate in any YMCA program, you must provide proof of health insurance. Lack of proof will result in no participation.

Parent/Guardian signature _____

Date _____