



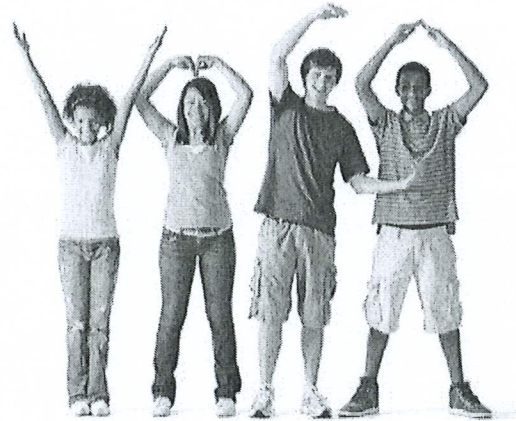
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Walsh Intermediate
Y BE FIT
Youth Health and Wellness Program

Y-Be Fit is a structured 6-week health and wellness program offered to Walsh Intermediate School 5th and 6th grade students. The program will include a healthy snack, nutrition education, and fun, stimulating physical activity.

Nutrition: Each snack will encourage students to take control of their nutrition and establish healthy habits that will build a healthy future. Topics will include portion sizes, green-yellow-red food choices, and healthy drink choices.

Movement: Each lesson is intended to provide children with instruction on how to use cardiovascular and strength equipment safely.



DATE: Mondays (April 15 – May 20)
TIME: 3:15-4:45 PM
COST: \$75.00 check/cash/credit
Payable first day of class directly to the Soundview Family YMCA. See page 2 for more information.

The Soundview Family YMCA offers financial assistance for eligible participants. For more information, contact Colleen Villano, Director of Healthy Living at 203 481 9622 x3217 or cvillano@cccymca.org.

Students and families will receive a free Family Community Membership for the duration of the Y Be Fit program.

LOCATION: Soundview Family YMCA
628 E Main Street Branford
203 481 9622

Students will be bussed from Walsh Intermediate to the Soundview Family YMCA. An authorized adult must present a photo ID to sign their student out at pick-up.

SCHEDULE OF ACTIVITIES

3:15 PM	Arrival and check-in
3:15-3:45 PM	Healthy snack
3:45-4:45 PM	Organized physical activity in the Wellness Center
4:45 PM	Pick-up

A \$25.00 late fee will be charged for students picked up after 4:50 PM. Aftercare is available for an additional cost. For more information contact Lynn Wheeler, Director of Youth and Family at 203 481 9622 x3208 or lwheeler@cccymca.org.

Program enrollment is limited. To be considered for Y Be Fit, **return completed forms by March 22, 2024, to Ann Drabinski, APRN, School-Based Health Center (SBHC).**

DO NOT SEND PAYMENT WITH THE REGISTRATION FORM. Please submit your payment (check, cash, or credit) at the Soundview YMCA front desk before picking up your child on Week 1.

If your child is not currently enrolled in SBHC, complete the attached SBHC enrollment form and submit it along with the Y Be Fit enrollment form. Enrolling in SBHC does not obligate your child to utilize SBHC services. School staff will contact parents regarding acceptance into Y Be Fit.

The Soundview Family YMCA offers financial assistance for eligible participants. For more information about Y Be Fit, contact Colleen Villano, Director of Healthy Living at 203 481 9622 x3217 or cvillano@cccymca.org.

For more information contact Christina Murphy at cmurphy@cccymca.org.

SOUNDVIEW FAMILY YMCA

628 East Main, Branford CT 06405

P 203 481 9622 **W** soundviewymca.org



FOR YOUTH DEVELOPMENT®
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SOUNDVIEW FAMILY YMCA
Y BE FIT Registration & Release Form

Member ID# _____
Participant's First Name _____ Last _____ Gender _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ School _____ Grade _____ Child lives with _____
Parent # 1 _____ Parent # 2 _____
Home Address _____ Home address _____

Please Check Which Phone Number You Would Like Used As Primary Contact Number
[] Home Phone # () _____ [] Home Phone # () _____
[] Cell Phone # () _____ [] Cell Phone # () _____
[] Work Phone # () _____ [] Work Phone # () _____

Parent/Guardian E-Mail Address (info will be sent via e-mail) _____
If parent cannot be reached, give name and relationship of person to be called in case of emergency.

Name: _____ Relationship: _____
Home # () _____ Work # () _____ Cell # () _____

Does your child require special accommodations (social, behavioral, medicine)? Yes _____ No _____ An Individual Plan of Care for a Child and an authorization of medication form must be provided the week before the program start. Initials _____

Parent/Guardian Permission: I hereby give permission for my child to participate in all activities that are part of the Y Be Fit program. I understand there are risks associated with activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I grant permission to have my child transported to another location in case of an emergency. I also grant permission for any pictures taken of my child while at the Y to be used for publicity and promotional purposes.

Authorization for Medical Attention: I give permission for the YMCA Certified First-Aid staff to treat my child, if needed. I authorize the Y staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

Guardian Authorization: In order to ensure the well-being of all our participants and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA WILL require photo I.D. to release any child to an authorized pick up person listed on this form. I authorize the YMCA to release my child to the custody of the following people other than me:

Name: _____ Relationship: _____ Phone: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____ Phone: _____

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a copy of a court order to the contrary. Please list below any persons not authorized to pick-up this camper and attach a copy of the court order.

Name: _____ Relationship _____
Name: _____ Relationship _____

I understand that the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company") and all of its branches are a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the child in the YMCA programs, I release, on behalf of the child, myself and members of the child's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers from all claims of damage or loss to the child's property and claims of personal injury or property damage caused to others by the child, including injury or damage to YMCA property or personnel. I understand the financial requirements, registration, payment obligations. I have read the above and agree to the terms and conditions.

Signature of Parent/Guardian _____ Date _____



CENTRAL CONNECTICUT COAST YMCA MEMBERSHIP APPLICATION

Membership Type: (circle one) Full Facility Program Participant
 Youth YoungAdult Adult Couple Family SingleParentFamily Senior SeniorCouple 3rdParty/AOA _____

Primary Member (must be an adult)

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Mailing Address			City	State	Zip
Home Phone		Cell Phone		E-mail	
Employer		Occupation	Company Address		Income (optional)
Emergency Contact		Relationship of Emergency Contact		Phone	Cell Phone

2nd Adult (if applicable)

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Home Phone		Cell Phone		E-mail	
Employer		Occupation	Company Address		Income (optional)

Additional Dependent Household Members

First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth

How did you hear about the YMCA? (Please circle one) Present Member (Name _____)
 Former Member Friend Print Ad Internet Drive By/Live In Area Direct Mail

Member Code of Conduct

Together, we can all do more to help strengthen our community. Toward that end, Central Connecticut Coast YMCA members should consistently celebrate the YMCA core values of caring, honesty, respect, and responsibility with behavior that illustrates those values. The Central Connecticut Coast YMCA reserves the right to suspend or terminate membership privileges for behavior not in accordance with our values.

Liability and Photo Release

I hereby assume full responsibility for any and all damages, injuries, or losses I or any member of my household may sustain or incur while attending or participating in any YMCA exercise and/or program. I hereby waive all claims against the Central Connecticut Coast YMCA, its instructors or partners, individually or otherwise, for any and all claims for injuries or damages I or any member of my household might sustain. I understand that there is a risk of injury associated with participation in any YMCA program and I certify that I and the members of my household are in good physical condition and have no disabilities that might hinder my/our participation. I certify that all of the information provided in this application is accurate and complete. I hereby grant the Central Connecticut Coast YMCA Association my consent and authorization to use images and video of me and the members of my household for the express purpose of helping the Central Connecticut Coast YMCA to promote its scholarships, services, and programs.

For Your Safety

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Signatures

I have read and agree to the Member Code of Conduct, Liability and Photo Releases above and certify that the information provided in this application is accurate and complete.

Member Signature: _____ Date _____

TO BE COMPLETED BY STAFF:	Staff Name:	Branch:
Member ID:	MFA: Yes – (Attach Form) Income Bracket:	

Effective: 07/25/2022