PAYMENT INFORMATION

☐ 6-9 years old ☐ 10-13 years old

Tuesdays and Thursdays
September 1 - October 29, 2020

☐ **Members $90 per month per child ($180 program total)**

☐ **Non-Members $120 per month per child ($240/ program total)**

Payment may be made in full at registration or 50% on day of registration and 50% on October 1. The October 1 payment must be made by draft.

Payment Method

☐ MONTHLY DRAFT CREDIT, DEBIT OR CHECKING (1ST OF THE MONTH)

Name on Account _____

Account # _____

Name of Bank _____

Routing _____(9-digits)

☐ Visa ☐ MC EXP _____

Draft Amount $ _____

I have given authority to bank/credit card to honor a pre-authorized debit drawn by you on my account for Payments as indicated above. It is understood that your sending of pre-authorized debit to the bank/credit card, as payment becomes due, shall constitute valid notice of such payment due for this program. When the bank/ credit card honors the debit by charging my account, such debit shall constitute my receipt for the payment. I understand that I must give a 30-day written notice to stop my bank/credit card draft. I also understand that I will be given a 30-day advance notice of an increase in rates. Should my bank/credit card for any reason not honor any draft, I realize that I am still responsible for that payment plus all financial service charges.

SIGNATURE _____

DATE _____

the YMCA

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACTIVE • HEALTHY • SOCIAL

2BFIT

2BFit Physical Education
September-October 2020
WILSON FAMILY YMCA

3436 Airport Blvd
Wilson, NC 27896
252.291.9622
wilsonymca.org

2BFIT

The Y wants all children to have the knowledge and skills necessary to stay healthy and active. Beginning this training while young will encourage healthy lifestyle habits from childhood into adulthood.

Our 2BFit physical education program provides an opportunity for your child to participate in-person twice a week in social teamwork, character building, and physical activities.

Facilitated by trained and certified YMCA staff, students will participate in activities that increase their strength and endurance, build self-esteem, improve coordination, encourage team building, and promote healthy habits.

Age groups:
6-9 years
10-13 years

When:
Tuesday & Thursday
2:30 pm - 4:30 pm

Classes begin September 1 and run through October 29.

Minimum 6 students. Max 12 students.

Questions?
Contact dcaudle@wilsonymca.org

2BFIT REGISTRATION FORM

Participant's name _____

Age _____ Date of Birth _____ Male _____ Female _____ YMCA Member? Y / N

Home address _____

City, State, Zip _____

Parent/Guardian _____ DOB _____

Home Phone _____ Cell _____

Email _____

Emergency Contacts (in addition to Parent/Guardian)

Name _____ Phone _____

Name _____ Phone _____

Physician _____ Phone _____

Allergies: Please list ALL known medication, food and other allergies.

_____

Medications: Please list ALL medications being taken and ALL dietary restrictions.

_____

Has Participant had all of his/her required immunizations? ☐ Yes ☐ No

Participant's Agreement and Parent Waiver

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the Wilson Family YMCA (hereinafter referred to as "Y") allowing my child to participate in Y activities, I understand and expressly acknowledge that when he/she uses the Y facility or program, they do so at their own risk. I understand that the Y will make every effort to contact me in case of an emergency pertaining to my child. If I am unable to be reached, the Y will try to contact an alternate adult listed on the registration form. The Y has my permission to secure medical attention for my child in the event of an emergency. I release the Y, its staff, directors, officer and agents from all liability for any injury, damage or sickness connected in any way whatsoever to participation in Y activities, whether on or off Y premises. I understand that this release indicates, but is not limited to, any claims based on negligence, action, or inaction of the Y, its staff, directors, officers, members, agents, representatives or guests. I authorize the staff of the Y, or appropriate medical personnel, to administer emergency medical treatment to my child or me. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore, I agree and grant permission to the Y to use photographs or video of my child or me in Y brochures, flyers, photo collections and other marketing initiatives. I agree that only the adults on this form are allowed to remove my child from the Y program unless I notify the Y in writing. Under no circumstances will phone call authorizing child pick-ups be accepted at any time. I have read, understood and voluntarily signed this agreement.

SIGNATURE _____ DATE _____