The YWCA's is proud to introduce Let's Get Physical! A **FREE** Fitness program geared towards KIDS!

Children will learn how to have a more positive opinion of physical fitness, good nutrition and what constitutes healthy living.

Tuesday & Thursday 6:15pm-7:15pm
- Week 1, 2 & 3 — Run Jump and Throw
- Week 4 & 5 — Nutrition Lessons
- Week 6 & 7 — Gymnastics
- Week 8 & 9 — Yoga and Meditation

Let's Get Physical helps create habits for health and wellness that will last a lifetime in our youth community. All children in grades 4-12 are welcome to join us twice a week during our 9 week curriculum.

Register Today
Use form found on the reverse side or stop by the Front Desk.

Contact Us:
(914) 949-6227 Ext 110
kpinkerton@ywcaawpcw.org

JOIN US: WWW.YWCAWPCW.ORG
Hold Harmless Statement: I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers (the “Released Parties”) from any injury, loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my participation in the YWCA to the greatest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude myself from any activity, I understand that I must notify the Program Director in writing.

Member______________________________________________________________________________      Date  ________________

Emergency Consent: In the event of an emergency, the YWCA has permission to administer immediate first aid by qualified YWCA personnel to my child _______________________________. If the situation should require medical attention, I or another listed emergency contact person will be contacted by YWCA personnel. In case I am transported to the hospital, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.

Member______________________________________________________________________________      Date  ________________

Emergency Contact:

Name ___________________________________________________________   Relationship ________________________________

Cell Phone ___________________________________________  Home/Work Phone ________________________________________

Tues and Thurs 6:15pm-7:15pm

Week 1, 2 & 3 - Run Jump and Throw
☐ April 23rd and 25th
☐ April 30th and May 2nd
☐ May 7th and 9th

Week 4 & 5- Nutrition Lessons
☐ May 14th and 16th
☐ May 21st and 23rd

Week 6 & 7- Gymnastics
☐ May 28th and 30th
☐ June 4th and 6th

Week 8 & 9- Yoga and Meditation
☐ June 11th and 13th
☐ June 18th and 20th