

Does Your Child Need To Eat Healthier Or Lose Weight ?

Do You Want Your Child To Get More Exercise ?



>>>> Starting October 1 <<<<

The YDS “Club Fit Kids Program” is designed to provide children and families with a solid foundation of health & nutrition education and fitness activities, designed to influence adapting healthy habits.

Club Fit Kids is a 3 day per week program, delivered from the North Community YMCA. The program includes; health and nutrition workshops, fun exercise, incentives, yoga, pool training and an integrated leadership component.



Our staff is comprised of a team of doctors, nutrition experts, trainers and health coaches that will provide nutritional services, personal counseling, and training.

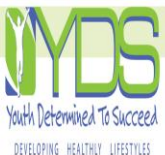
Additional YDS services – Youth Leadership and Track & Field Programs.

Kids' Ages 9 to 15 - Come Join Our 11 week Program

Saturdays 10:30 to 12:30 Mondays & Wednesdays 6:00 to 8:00 (Tentative Schedule)
Cost \$10 weekly or Half off if parents attend 5 Family Days / Program Ends December 10

For More Information

Melvin Anderson 612-486-6730 “ Press 2 ”
Email: info@youthdetermined.org



Mail Applications to - YDS 2314 Plymouth Ave. N, Mpls 554111 OR Fax to 763-533-3801

www.youthdetermined.org

APPLICATION

Registration Number # _____

YOUTH INFORMATION

Name: _____ Date of Birth: _____ School and Grade _____ / _____
Address _____ City: _____ Zip: _____
Cell # _____ Email: _____
Health concerns for YDS to address _____

PARENTS INFORMATION

Parent/Guardian Name: _____ Home # _____ Cell # _____
Email Address _____

Parent/Guardian Name: _____ Home # _____ Cell # _____
Email Address _____

Physician: Name and #: _____

In an emergency, when parent/guardian cannot be reached, please contact

Name: _____ Relationship _____
Home # _____ Work # _____ Cell # _____
Where did you hear about our organization? _____

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registered, minor participant agree to abide by the rules stated in the parent information Packet and pay participation fees for the Youth Determined to Succeed (YDS) programs. Recognizing the possibility of physical injury associated with the fitness and track & field components activities, I hereby release, discharge and/or otherwise indemnify YDS and its affiliated organizations, partners and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also understand that YDS has no liability insurance coverage on my child and that my child is covered by my personal insurance.

Parent/Legal Guardian (Print): _____ / Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of a minor participant in the YDS programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the participant.

Signed: _____

CONSENT FOR MARKETING (Optional)

I understand that YDS would like to feature photos of its participating youth in the upcoming marketing projects, such as its website, brochures and flyers. I give YDS my consent to use photos, video, images and testimonies from me and my children. I understand that YDS does not make any commitment to provide any type of monetary compensation for the use of these photos, images and/or testimonies.

Signed: _____

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