



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EXERCISE. LEARN. PLAY.

HOME SCHOOL P.E.

HARRISON FAMILY YMCA

This program is tailored to students who are home schooled and will include structured physical activities, use of the climbing wall, open swimming and gymnastics activities, tailored to age levels.

October 2016 - May 2017

Location: Harrison Family YMCA

1000 Independence Drive Rocky Mount, NC 27804
252-972-9622 www.harrisonfamilyY.org

⇒ Required Attire: Closed toe shoes, comfortable clothes, swimsuit & towel on swim days (will be notified ahead of time)

⇒ Required Sign In-Sign Out by parent or approved guardian

- ⇒ Financial Assistance is available to those who apply & qualify
- ⇒ 15% non-refundable fee is applied for cancellations
- ⇒ \$10 returned payment fee

Fees:
 Y Members - \$20/month
 Non Members - \$25/month
 *October rate will be \$10 for Y Members and \$15 for Non-Members

Schedule:
 Mondays & Wednesdays
 2:30-3:30PM

Ages: K-12th grade

REGISTER HERE!

Sessions (sessions run monthly): _____

Participant Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Phone #: _____ Email: _____

Contact Person: _____ Phone (main): _____

Email: _____ Date of Birth: _____

*Please be aware that 15% of your program fee will be non-refundable, should you decide to cancel.
 *All communications will be sent to the contact person listed above.

I understand and agree that neither the Harrison Family YMCA nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury my child/ward may suffer during or resulting from my child's/ward's participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my child's/ward's participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether my child/ward can safely participate in this program and whether there are precautions or limitations to my child's/ward's participation.

Parent/Guardian Signature _____ Date _____