



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Central Y G.I.F.T. Program for High School Girls

Want to get healthy, be involved, and do fun group activities? Then Central YMCA Girls in Fitness Together (G.I.F.T.) is for **YOU!** Area High School girls are invited to join us in fitness and leadership programming at the Central YMCA on **Tuesdays and Thursdays 4:30 PM- 6:00PM**. The focus of this program is to inspire you to be healthy, confident, and make good decisions. And it is **FREE** to participate!

Starting **July 11 through October 15, 2016** we will provide activities and education on topics such as:

- *Nutrition
- *Exercise
- *Stress management
- *Goal-Setting
- *Healthy teen relationships
- *Building self-confidence

Join us for nutritional coaching, group exercise, small group training, aquatic fitness, life skills, and more. You will receive a **FREE** Central YMCA youth membership for 6 months that can be used to access any YMCA in the state. In addition, the girls will have free time to socialize with each other, build interpersonal skills, and will receive a healthy snack each day.



For more information, please contact Megin Hewes at the Central YMCA, mhewes@ymcade.org (302)254-9622 ext. 151.

Central Y G.I.F.T. Program Registration Form

This program is funded through the Fund for Women at the Delaware Community Foundation.

Participant's Full Name: _____

Birthdate: _____ Age: _____ Nickname: _____

Cell #: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Current School where student is enrolled: _____

Grade entering in Fall 2016: _____

Primary Guardian: _____

Cell #: _____ Work #: _____

Home #: _____ *Email: _____

Secondary Guardian: _____

Cell #: _____ Work #: _____

Home #: _____ *Email: _____

If both parents/guardians are not available in an emergency, please notify:

Name: _____ Relationship to child: _____

Cell # _____ Work # _____ Home # _____

ADDITIONAL INFORMATION

Additional behavioral/emotional information about the participant that would be helpful for their participation:

Additional physical information (e.g. allergies, limitations) that would be helpful for their participation:

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian: _____ Date _____

Field Trip & Transportation Release:

The YMCA has my permission to take my child on all pre-arranged field trips. I also give the YMCA permission to take my child on short term trips, providing transportation from school to the YMCA.

Signature of parent/guardian: _____ Date _____

Photo Release:

I hereby give my permission for my child's to be used in YMCA publicity.

Signature of parent/guardian: _____ Date _____

CODE OF CONDUCT

1. Participants will conduct themselves in a manner that displays respect for themselves and others, including those in the program, staff, guests, and YMCA members.

- Participants will use respectful manners, actions, and language and not use vulgar, harassing or hurtful language.
- Participants will not engage in physical contact with others in either a joking or harmful way.

2. The following could result in immediate removal from the program:

- Use of any alcohol, drugs, or tobacco products
- Theft of any kind
- Fighting, threatening, or aggressive behavior

3. Participants will contribute fully, follow directions, and comply with program schedule in its entirety. If the participant is unable to contribute during the session, they are expected to discuss with staff.

- In order to participate to the fullest, cell phone use will not be allowed at any time during the program. If brought to the YMCA, cell phones must remain locked in secure lockers for the entire program.

4. Participants who do not comply could be asked to leave for the remainder of the day, could be suspended for a period of time, or could be removed from the program. Removal from the program would include termination of YMCA membership.

5. Participants are expected to attend 20 of the 28 sessions.

Signature of PARTICIPANT: _____ Date: _____

Signature of parent/guardian: _____ Date _____

This program is funded through the Fund for Women at the Delaware Community Foundation.