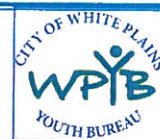
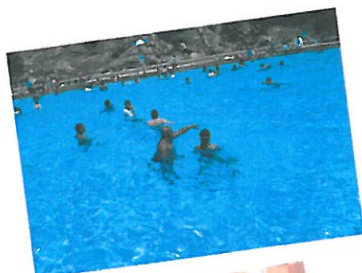


FREE!

SUMMER HEALTH & WELLNESS PROGRAM



Session 1: JULY 6th - July 23rd
Session 2: JULY 27th - August 13th
Ages 13 - 16 years



In order to maintain social distancing, there will be 2 groups of 9 students each day:

Monday - Thursday only



Group 1
10am - 12:30pm

Group 2
1:30pm - 4:00pm



TRIPS TO AREA PARKS
SWIMMING! NUTRITION CLASS
HIKING! BOXING!
KARATE! DRONES!
PING-PONG!
AND MUCH MORE!

*** Must participate in required informational life-skills workshops**

CHALLENGE & TRANSFORM YOURSELF!

Professional Instructors

For more information and to register contact
White Plains Youth Bureau (behind Eastview School)
11 Amherst Place
White Plains, NY 10601
OR call: 914-422-1378



School: _____
Grade as of 9/18 _____



Start Date: _____

THOMAS M. ROACH
Mayor

YOUTH BUREAU
OFFICE OF THE MAYOR
11 Amherst Place • White Plains, NY 10601
(914) 422-1378 • Fax (914) 422-6489

Frank Williams
Exec. Director

INSTITUTE FOR HEALTH & WELLNESS
SUMMER HEALTH & FITNESS CAMP
REGISTRATION FORM

Child's name _____ Date of birth _____

Race _____ Sex _____ Age _____ Home phone _____

Home address _____ Apt.# _____ Zip _____

Name of Parents or Guardians:

Mother: _____ Father: _____

Mother's work number: _____ Mother's cell phone: _____

Mother's employer: _____ e-mail _____

Father's work number: _____ Father's cell: _____

Father's employer: _____ e-mail _____

Mandatory: contact person other than self: In case of emergency, please notify:

Name _____

Phone _____ Relationship to child _____

Other names & #'s to call: _____ Relationship to child _____

Physician's name _____ Phone _____

Address _____

RELEASE OF LIABILITY

In consideration of your acceptance of my child or minor in my legal custody, (print name) _____, and their participation in the After School Program, I hereby waive and release any and all claims for myself, for my child, or minor in my legal custody against the City of White Plains and the City of White Plains School District, or the officers, employees, agents, volunteers or other representatives of either of them, or any persons working under either of their direction or engaged in the conduct of either of their affairs, arising out of any accident, illness, injury, damages or loss or harm to/or incurred or suffered by my child or minor in my legal custody, or to his or her property resulting from the participation of my child or minor in my legal custody in the **Youth Bureau Program**.

Signature of parent or legal guardian _____

Date _____