

Family Fun with Food & Fitness

**Free
Program!**



**Goshen &
Syracuse
Locations**

Begins September 2010 – Register Now!

When/Where: Meets once per month for 6 months from 6:30 to 7:45 PM.
Choose one of two locations:

Lakeland Youth Center, Syracuse

DATES: (Mondays) 9/13, 10/11, 11/8, 12/13, 1/10, 2/7

Goshen General Hospital, Goshen

DATES: (Tuesdays) 9/14, 10/12, 11/9, 12/14, 1/11, 2/8

What: Bring your kids and learn some new, healthy habits at our 6 month program of fun, fitness, and nutrition. Our family program focuses on teaching children ages 5 to 8 and their parent/caregiver about healthy eating and physical activity. These monthly classes are led by nutrition and fitness health professionals. Classes include a nutrition lesson/activity, a fun physical activity, and a recipe demonstration/snack time. Kids receive a special mailing each month between classes.

Registration: Free!! Space is limited. Fill out and return registration form.

Questions: Call 535-2448 or email mlecount@goshenhealth.com



Please check one:

- Lakeland Youth Center (Mondays)
 Goshen General Hospital (Tuesdays)

Family Fun with Food & Fitness

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Adult Attending with (if other than above): _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

Does anyone attending have food allergies? (who/what) _____

I hereby authorize the taking of photographs/video recordings of myself &/or my above named child(ren) by Goshen Health System under the full understanding that such media may be used for publication, information, education or research purposes or in the event of legal action.

Agree / Deny _____
 Signature of Parent

Agree / Deny _____
 Signature of Other Adult Attending (If applicable)

Mail completed form to:

Goshen Health System
 Community Wellness & Education
 Attn: FFFF
 200 High Park Ave
 Goshen, IN 46526

LIABILITY WAIVER/RELEASE

CLASS: Family Fun with Food & Fitness

(List all children in the family attending the class. Parent/legal guardian must sign for their children. If a grandparent or another adult will be bringing the children, they need to sign for themselves as the "other adult attending.")

Parent Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City/State: _____ Zip: _____

Other Adult Attending: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City/State: _____ Zip: _____

The undersigned represents that they &/or their children are physically sound, having no medical contraindications that would prohibit participation in the above- mentioned class. The undersigned agrees that they have physician permission to participate in the class and take full responsibility for any necessary communication with their physician in that regard.

The undersigned hereby releases and discharges Goshen Health System, Inc., together with its successors, subsidiaries, officers, employees, representatives, or agents, of and from any and all claims of liability of any type whatsoever, including, but not limited to, property damage, physical injury, mental anguish, embarrassment, defamation and invasion of privacy, which the undersigned may suffer arising out of, based upon, resulting from, or in any way connected with the undersigned's participation in the class referenced above, including, but not limited to, any claim arising out of, based upon, resulting from or in any way connected with the negligence, omissions, or other acts of Goshen Health System, Inc., its successors, subsidiaries, officers, employees, representatives or agents, or the condition or any part of the premises where the above-referenced class is conducted. The undersigned further agrees and covenants not to sue Goshen Health System, Inc., its successors, subsidiaries, officers, employees, representatives or agents, for any claim arising out of, based upon, resulting from, or in any way connected with the undersigned's participation in the above mentioned class.

Signature of Parent

Date

Signature of Other Adult (If applicable)

Date