

CrossFit



Kids

Bethany Parks and Recreation and CrossFit Bethany are partnering up to introduce the children of Bethany to a new, fun, and unique type of activity. CrossFit Kids is a strength and conditioning program that is specifically designed for kids to help them develop a lifelong love of fitness. Participants will come to Parks and Rec after school, and will be transported to CrossFit Bethany. Parents will pick their child(ren) up at CrossFit Bethany, 28 Munson Road, upon the conclusion of their class.

Ages 8-12:

6 Week Program: 9/12 – 10/22/17: \$95 for 6 class punch card (must be used by the end of the fall program) includes CrossFit Classes on Tuesdays & Thursdays, 4:30-5:15pm and Sundays 10-11am.

Ages 5-7:

6 Week Program: 9/12 – 10/19/17: \$95 for 6 class punch card (must be used by the end of the fall program) includes CrossFit Classes Tuesdays & Thursdays, 5:15-5:45pm.

-More info can be found on their website: <https://crossfitbethany.com/fitness-programs/crossfit-kids/>
-You may also call Crystal if you have any questions: 203-584-9455, info@crossfitbethany.com.

-CrossFit Bethany has their own separate waiver that you will also need to complete, we will get it to you upon registration.

-By completing and signing the form below, you are granting Parks and Rec. the permission to transport your child(ren) via van to CrossFit Bethany.

Checks can be made payable to Bethany Parks and Recreation. **We are unable to accept same-day registrations.**

Please send a note to school letting them know your child will be participating in our program.

Please call our office at 203-393-2100x1127, or Department cell phone 203-314-0820 with any questions.

CROSSFIT KIDS PROGRAM REGISTRATION

Name _____ Address _____

Age _____ Grade _____ Teacher _____ Bus Number _____

Telephone _____ Email address _____

Emergency Contact: Name: _____ Phone: _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes___ no.

If yes please explain: _____

Please wear comfortable clothes to exercise in

For office use only:
Pmt Type: _____
Amount: _____
Date Rec'd: _____

WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE:
(parent/guardian)

Date