

## L.E.A.P REGISTRATION

Child's Name

Address

City, State, Zip

Child's Age

Birth date

Parent or Guardian

Home Phone

Work Phone

Child's Physician

Allergies and reactions

Medications your child is taking

Does your child have any medical conditions?

Please list the names of all people, other than yourself, that you permit to pick up your child.

Activity Interests (Sports, Video Games, Clubs)

## HOURS

**Monday - Thursday**

5:00 a.m. - 9:00 p.m.

**Friday**

5:00 a.m. - 7:00 p.m.

**Saturday**

7:00 a.m. - 1:00 p.m.

**Sunday**

Closed

Our mission is to promote the health and wellness of our community through education and preventative measures to ensure healthier life-styles.



Mark A. Chapman  
Wellness Center

617 LIBERTY ST • CLAY CENTER, KS 67432

785-632-3929 EXT. 1

[WWW.CCMCKS.ORG](http://WWW.CCMCKS.ORG)

CLAY COUNTY MEDICAL CENTER



SUMMER PROGRAM

**FITNESS**

HEALTH EDUCATION

**FOR**

4-8 YEARS OLD

**KIDS**



Mark A. Chapman  
Wellness Center



## WHAT IS L.E.A.P

Is a children's fitness program for 4-8 year olds. It teaches: lifetime healthy habits, nutrition, balance, sports, exercise, teamwork, social interaction, and fun. It also provides benefits in music, rhythm and self-esteem. This class also includes State Standards for Health Education.

## RESERVE YOUR SPOT TODAY

### STARTS - END

June 2 - July 28, 2010

### DAYS/TIME

Monday & Wednesdays  
3:00 P.M. - 4:00 P.M.

### CLASS SIZE

20 Maximum

### PRICE/SESSIONS

\$50.00 per child for 17 Sessions

# LIFE ENHANCEMENT ACTIVITIES PROGRAM

NEED MORE  
INFORMATION CALL  
**785-632-3929 EXT. 1**



## LIABILITY RELEASE

I give my permission for my child to participate in a youth program at Mark A. Chapman Wellness Center (MACWC). I understand that MACWC strongly recommends a physician consultation prior to any child participating in an exercise program to determine any precautions or contradictions to exercising.

I waive this recommendation and allow my child to exercise completely at his/her own risk not holding MACWC or my child's physician responsible should any situation arise from his/her exercise participation.

I agree to hold harmless MACWC, its exercise programs and its staff members from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my child's injury or death, accidental or otherwise, during or arising in any way from participation in indoor and outdoor activities in this program.

In signing this liability release, I affirm that I have read this form in its entirety and understand its contents. I also affirm that all of my questions have been answered to my satisfaction.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Fitness Specialist \_\_\_\_\_

Date \_\_\_\_\_