Susan P. Byrnes
Health Education Center

2010 Family Fitness Festival Registration Form

No Admission without Pre-Registration. All Children Under the Age of 18 Must Be Accompanied by an Adult.

Place a mark (x) by each event you wish to participate in; slots filled on a first come first served basis.

Youth Biathalon (Ages 6 – 18)
____ Number participating ☐ 9:00 AM – 11:30 AM

Tennis For Kids (Ages 4 – 18)
____ Number participating ☐ 9:00 AM – 11:00 AM

Fitness Center (Must Be 13 Years Of Age.)
____ Number participating ☐ 9:00 AM ☐ 10:00 AM ☐ 11:00 AM ☐ 12:00 PM ☐ 1:00 PM ☐ 2:00 PM ☐ 3:00 PM ☐ 4:00 PM ☐ 5:00 PM ☐ 6:00 PM

Rock Climbing Wall (One Session Per Person and Must Be 13 Years of Age.)
____ Number participating ☐ 9:00 AM ☐ 10:00 AM ☐ 11:00 AM ☐ 12:00 PM ☐ 1:00 PM ☐ 2:00 PM ☐ 3:00 PM ☐ 4:00 PM ☐ 5:00 PM ☐ 6:00 PM

☐ **Racquetball Or** ☐ **Wallyball** (One Session Per Person)
____ Number participating ☐ 9:00 AM ☐ 9:30 AM ☐ 10:00 AM ☐ 10:30 AM ☐ 11:00 AM ☐ 11:30 AM ☐ 12:00 PM ☐ 12:30 PM ☐ 1:00 PM ☐ 1:30 PM
☐ 2:00 PM ☐ 2:30 PM ☐ 3:00 PM ☐ 3:30 PM ☐ 4:00 PM ☐ 4:30 PM ☐ 5:00 PM ☐ 5:30 PM ☐ 6:00 PM ☐ 6:30 PM

Pilates
____ Number participating ☐ 9:00 AM – 9:45 AM ☐ 3:30 PM – 4:15 PM ☐ 4:00 PM – 4:45 PM

Yoga
____ Number participating ☐ 9:00 AM – 9:45 AM ☐ 10:00 AM – 10:45 AM ☐ 11:00 AM – 11:45 AM ☐ 3:00 PM – 3:45 PM

Zumba
____ Number participating ☐ 10:00-AM – 10:45 AM ☐ 1:00 PM – 1:45 PM ☐ 4:30 PM – 5:15 PM

Ping Pong
____ Number participating ☐ 11:00 AM – 11:45 AM ☐ 2:00 PM – 2:45 PM ☐ 5:00 PM – 5:45 PM

Line Dancing
____ Number participating ☐ 11:30 AM – 1:30 PM

Soccer (Ages 4 – 14)
____ Number participating ☐ 11:30 AM – 12:45 PM ☐ 3:30 PM – 4:45 PM

Fencing
____ Number participating ☐ 12:00 PM – 1:30 PM

Kick Boxing
____ Number participating ☐ 12:00 PM – 12:45 PM ☐ 5:30 PM – 6:15 PM

Family Swim (All Children Age 3 and Under Must Wear a Swim Diaper.)
____ Number participating ☐ 1:00 PM ☐ 2:00 PM ☐ 3:00 PM ☐ 4:00 PM ☐ 5:00 PM ☐ 6:00 PM

Family Relay Races
____ Number participating ☐ 1:00 PM

Ballroom Dancing
____ Number participating ☐ 2:00 PM – 3:00 PM

Polka Dancing
____ Number participating ☐ 2:00 PM – 4:00 PM

Sack Races
____ Number participating ☐ 2:30 PM

Three Legged Races
____ Number participating ☐ 4:00 PM

Square Dancing
____ Number participating ☐ 4:30 PM – 6:30 PM

Cake Walk
____ Number participating ☐ 5:30 PM

Family Fee $15.00 per Family. All Children Under the Age of 18 Must Be Accompanied by an Adult.
(Must List All Family Members Attending; Add More Lines If Needed)

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

Address _____ Home Phone _____ email (Internal Use Only) _____

I, the above individual and on behalf of the above participants, voluntarily agree to participate in Susan P. Byrnes Health Education Center 's Family Fitness Festival. By my signature below, I acknowledge that participation in these activities involves inherent risks that may result in personal injury, illness, and even death, and I understand and appreciate the nature of such hazards and risks. I have voluntarily chosen to participate in such activities and assume personal responsibility for all such dangers and risks.

I certify that I am fully responsible for my participation in Susan P. Byrnes Health Education Center 's Family Fitness Festival. I knowingly and voluntarily hereby forever release Susan P. Byrnes Health Education Center, its officers, instructors, employees, volunteers, and agents, and agree to indemnify and hold them harmless from any and all claims, losses, causes of action or liability for bodily injury, property damage, or wrongful death that I may have against any of them, whether caused by my own negligence, gross negligence or willful conduct or the negligence, gross negligence or willful conduct of my sponsor resulting from or in any way related to my participation in Susan P. Byrnes Health Education Center's Family Fitness Festival.

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Participant's Signature _____ Participant's Signature _____
All adults attending event are required to sign disclosure.

Deadline for registration is Friday, May 14, 2010
Please mail registration and checks payable to:
Susan P. Byrnes Health Education Center
515 South George Street York, PA 17401

For further information contact us at simon@byrneshec.org or at (717) 848-3064 (Sondra – ext 226 or Anne – ext 231). www.byrneshec.org