

# FIT KIDS

FIT KIDS philosophy is to educate, promote healthy eating, encourage good citizenship, build self esteem, and motivate kids to become more physically active. Through progressive training and a creative exercise program that incorporates muscle strength, endurance, flexibility, speed and agility, cross-training, as well as cardio respiratory conditioning we can help children engage in daily physical activity and help eliminate childhood obesity. Children will experience the benefits of physical activity and stretching, progress at their own speed in a safe, non-competitive environment, experience pride in personal accomplishment and goal setting. Most important, they will learn life-long positive habits while having FUN!

Session I: January 11<sup>th</sup> - March 1<sup>st</sup>

Session II: April 5<sup>th</sup> - May 24<sup>th</sup>

Monday and Wednesdays

Ages 7-10 3:15-4:15 pm

Ages 11-18 4:30-5:30 pm

\$160/ 8 week session

Dimmitt Community Center

918 Osceola Rd.

Belleair, FL 33756

For more information please contact  
Ali at 231-690-4919 or e-mail [smithalim@yahoo.com](mailto:smithalim@yahoo.com) or  
Mike at 727-831-0782 or e-mail [mikewbjr@gmail.com](mailto:mikewbjr@gmail.com)

# Fit Kids Program Registration Form

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ School: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Information: \_\_\_\_\_

**Please make checks payable to Michael Brower**

**(Print Child's Name)** \_\_\_\_\_

I, the parent/legal guardian, of the named child on this form, do hereby assume all risks and hazards incidental to my child's participation in activities, use of equipment and facilities of the Town of Belleair's Recreation Department., and I do hereby agree to waive, release, absolve, defend and hold harmless the Town of Belleair, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages losses or injuries of any kind, resulting from my child's participation in activities, use of equipment and facilities of The Town of Belleair's Recreation Department. This release includes a release for any and all losses or injuries arising out of any act or omission or negligence, either active or passive of the Town of Belleair, its employees, officers, agents, volunteers and elected officials. This is given and signed of my own free act and will.

**(Signature of Parent or Legal Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

## OFFICE USE ONLY

Program (circle one): Ages 7-10    Ages 11-18

Session Fee: 160/session

Payment: Cash Amt. \_\_\_\_\_ Check Amt. \_\_\_\_\_ # \_\_\_\_\_

Credit type (circle one): Visa MasterCard Other \_\_\_\_\_ Amt \_\_\_\_\_

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_