



# IT'S NOT JUST KIDSTUFF

## Homeschool Physical Education

Students are missing out on opportunities to exert energy and stay active and healthy. At the Y, we believe teaching healthy behaviors early on is critical in preventing child and adolescent obesity. Our curriculum-based program incorporates a variety of skills, sports, teamwork, leadership, and much more. Our goal is to allow participants to develop new friendships, learn new skills and promote overall health and well-being.

### Session #1

September 11th, 2020  
*Activity - Soccer*  
October 9th, 2020  
*Activity - Football*  
November 13th, 2020  
*Activity - PE Games*  
December 11th, 2020  
*Activity - Swimming*

### Session #2

January 15th, 2021  
*Activity - Basketball*  
February 12th, 2021  
*Activity - Floor Hockey*  
March 12th, 2021  
*Activity - PE Games*  
April 9th, 2021  
*Activity - Archery*

### Program Times

K-3rd	8:15-9:15am
4th-7th	9:30-10:30am

### Member

\$25 / Participant

### Non-Member

\$30 / Participant

### Contact

Mat Snider  
320-222-9622  
[mats@kandiyymca.org](mailto:mats@kandiyymca.org)





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**KANDIYOHI COUNTY AREA FAMILY YMCA  
YOUTH PROGRAM REGISTRATION**

# HOMESCHOOL PHYSICAL EDUCATION

**1 PARTICIPANT INFORMATION**       YMCA Member       Non-member

First \_\_\_\_\_ Last \_\_\_\_\_ Gender \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I am registering for? (*check all that apply*)       Session #1       Session #2

**2 PARENT INFORMATION**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  Mailing address same as participant

Email \_\_\_\_\_ Primary Cell \_\_\_\_\_

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  Mailing address same as participant

Email \_\_\_\_\_ Primary Cell \_\_\_\_\_

Alternative Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3 VOLUNTEER ASSISTANCE**       Head Coach       Assistant Coach       Referee

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Primary Cell \_\_\_\_\_

I previously filled out a background check for Youth Sports       Yes       NO

If NO, I completed a background check today       Yes       NO

**4 SPONSORSHIP/DONATION**

I would like to sponsor a YMCA program. Contact me at: \_\_\_\_\_

I want to help a deserving child participate in a YMCA program:

\$25     \$50     \$75     \$100     Other Amount \_\_\_\_\_

**5 PAYMENT INFORMATION**

I have attached a check or cash for the selected session.

I would like to have the registration fee auto-debited from my YMCA membership account.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

By signing, I authorize the YMCA to use pictures of my Child for Promotional Purposes.