

# HEALTHY & FIT KIDS RETREAT

**FRIDAY, NOV. 11, 2016**  
**11:30 – 3:00 PM**

**JOIN HEALTH & FITNESS EXPERTS  
FROM ALTRU HEALTH SYSTEM  
AND CHOICE HEALTH & FITNESS  
FOR A FUN-FILLED DAY OF LEARNING  
AND ACTIVITIES FOR KIDS AGES 8-12.**



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**FRIDAY | NOVEMBER 11, 2016**  
**11:30 – 3:00 PM**

## DETAILS >

- > HELD AT CHOICE HEALTH & FITNESS (4401 S. 11TH ST. | GRAND FORKS)
- > \$20 PER PARTICIPANT (*payment should be made to Choice Health & Fitness*)
- > REGISTRATION DEADLINE IS NOVEMBER 4, 2016 (*space is limited*)
- > TO REGISTER, CALL (OR VISIT) CHOICE HEALTH & FITNESS AT 701.746.2790
- > CHILDREN MUST BE PICKED UP BY 3:30 P.M.

## SCHEDULE >

11:15 a.m.	SIGN IN ( <i>Community Room at Choice Health &amp; Fitness</i> )
11:30 - 11:50 a.m.	GROUP WARM-UP
12:00 - 12:30 p.m.	BREAKOUT SESSIONS ( <i>Swimming, Zumba, Youth Exercise Class</i> )
12:45 - 1:15 p.m.	LUNCH WITH NUTRITION EDUCATION
1:15 - 1:30 p.m.	MEDITATION
1:40 - 2:10 p.m.	BREAKOUT SESSIONS ( <i>Swimming, Youth Exercise Class</i> )

### REGISTRATION SLIP (*Return with payment to Choice Health & Fitness*)

Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_ Parent Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby acknowledge the health of my child, listed above, to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release Altru Health System, Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained by my child while attending this program. I also understand that any medical bills incurred by my child due to injury will be my responsibility or the responsibility of my family health insurance plan.*