



Move 60 Teens! After-School Program



Move 60 Teens! is a free after-school program that will encourage and empower teens to become more active and adopt healthy behaviors. Please fill out all three application forms and return to the main office. Application forms that are completed (and not missing any information) will be considered for registration. You will be contacted by phone to complete the registration process. If you have any questions about the registration process please call (425) 670-5386.

Student Name _____

Birthdate _____

Address _____

City _____ Zip Code _____

E-mail _____

Cell Phone _____ Home Phone _____

School Name _____ Grade _____ Age _____

Parent's / Guardian Name _____

Parent / Guardian Phone _____

Parent / Guardian E-Mail _____

Please indicate your first and second choice of programs you are applying for:
(Place a "1" by your first choice and a "2" by your second choice, if applicable)

- Team XTreme 1 (Mon / Wed) (*only* AMS/BTMS) Team XTreme 2 (Tues / Thurs) (*only* CPMS/MMS)
 Snack Attack! (Fri) (*only* CPMS/MMS)

The free Move 60 Teens! after-school programs are from 2:30pm-4:30pm. There are no programs on non-school days and holidays. Free transportation is provided from the school to the Lynnwood Recreation Center where the programs take place. Free transportation is provided at the end of the program by the City of Lynnwood to take the students home. Because of a limited amount of space, we can only accept between 14-17 participants per school, so acceptance will come on a first come, first served basis. If more participants apply, we will have a wait list.

Voluntary Information: (Information used for Grant data reporting only)

Gender: Male Female

Race: Hispanic/Latino African American Asian American
 Native American/Alaska Native Native Hawaiian/Pacific Islander
 White/Caucasian Other Race

Age: 11 12 13 14 15

Income: Free lunch Reduced Lunch Does not apply



Move 60 Teens! After-School Program

Pick up your registration forms in the office! All forms need to be turned in by January 16th 2015



Move 60 Teens! Afterschool Program

Monday – Friday

2:30-4:30pm

Grades: 7th-8th

Winter Session: January 26th – April 3rd 2015

Questions: 425-670-5386

Where is Move 60 Teens! located?

The Move 60 Teens! afterschool program is located at the Lynnwood Recreation Center.

What are the hours of Move 60 Teens!?

The Move 60 Teens! afterschool program will run Monday through Friday, from 2:30pm – 4:30pm, during the school year. Exceptions include: school holidays and snow days (when ESD schools are closed).

What is Move 60 Teens!?

Move 60 Teens! is an afterschool program that will encourage and empower teens to become more active and adopt healthy behaviors. Through nutrition and fitness activities, along with a fun, teen-friendly environment, participants will learn skills that will promote lifetime physical fitness, regardless of their current ability level. We have divided the week into two types of activities giving students up to five days of physical exercise and healthy food programs. The schedule includes:

Team XTreme (Mon/Wed *only* for AMS/BTMS students, Tue/Thurs *only* for MMS/CPMS students)

Being healthy and getting active can be very challenging but through intramural and alternative sports, teens will see that being active can be fun! With swimming, and indoor/outdoor sports teens will be well on their way to a healthy lifestyle!

Snack Attack (Friday – Winter session *only* for MMS and CPMS students)

You will learn how to make yummy and healthy snacks, smoothies and treats. You will also learn why nutrition plays an important role in being healthy. The best part is you get to eat the food you make!

Who can participate and how much is it!

Move 60 Teens! is free for 7th and 8th grade students from College Place, Alderwood, Brier Terrace and Meadowdale Middle Schools! This program is brought to you at no cost through the grant the City of Lynnwood received from Verdant Health Commission. We thank them for their support!

What is included in the Move 60 Teens! Afterschool program?

Transportation directly after school from the middle schools to the Lynnwood Recreation Center AND transportation home from the Lynnwood Recreation Center to participants' neighborhoods. A healthy snack will also be provided daily.

Application Forms

Are due to the school offices or the Lynnwood Rec Center customer service. You will be contacted by phone to complete the registration process. Due to a limited amount of space, we can only accept between 14-17 participants per school, so the order of acceptance will come on a first come, first serve basis. If more participants apply, we will have a wait list.

"The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material."



General Release and Medical Information Form

Please complete and bring this form to the first day of the recreation activity. All program participants must sign this form. A parent or legal guardian must sign for all participants under age 18. Only one form needs to be completed for the calendar year. If you have questions, please call the Recreation Center at (425) 670-5732, or the Senior Center at (425) 670-5050.

GENERAL INFORMATION:

Participant Name _____ Birthdate _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail Address _____
 Parent/Guardian Name _____

Contact person in case of an emergency:

Name _____ Relationship _____
 Daytime Phone _____ Cell Phone _____

MEDICAL INFORMATION:

Are you physically capable of participating in the activity? _____
 Other precautions, medical conditions or important information about your health? _____
 Do you currently take any medication? No Yes (List medications: _____)
 Do you have allergies? No Yes (List allergies: _____)
 Allergic to any medications? No Yes (List allergies: _____)
 Name of Physician _____ Phone _____
 Medical Insurance Provider _____ Member Policy # _____
 Name of Insured _____

I acknowledge that participation in recreational activities can be dangerous, involving risk of physical injury, including temporary and permanent damage. In consideration of participation in City of Lynnwood ("City") recreational activities, on behalf of myself, my marital community (if any), my child, or any person for whom I am legal guardian, I release and hold harmless the City, its elected and appointed officials, employees and volunteers, organizers and sponsors, from any and all liability, causes of action, and claims of any kind or nature arising from or connected in any way with my or my child's participation in City recreational activities or related activities, including transportation to and from such activities. My signature hereon and my participation in City of Lynnwood recreational activities constitutes my consent to any emergency first aid considered necessary by any City employee and to any medical or surgical treatment considered necessary by an attending physician of a hospital furnishing medical care; and I agree to accept financial responsibility for such care. I understand that City employees and volunteers cannot be responsible for administering medications and no liability shall attach to the City or its employees for not administering medications. Reasonable efforts will be made to contact parents or guardians if the participant suffers serious illness or accident. My signature hereon constitutes my consent on behalf of myself or my minor child, or child or adult for whom I am legal guardian, to participate in City recreational activities.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent or guardian must sign if participant is a minor or an adult whose capacity to provide consent is limited by actual or legally determined incapacity.

Please be advised that all participants involved in Parks, Recreation and Cultural Arts programs are subject to being photographed, and such photographs may be used to publicize programs.

If you require accommodation to successfully participate in our programs. Please call (name) prior to the start of the activity so that we can determine how to best serve your needs. Please note that accommodations are most successful when we are notified as far in advance as possible.

If you would like someone else other than yourself to pick up your child please list their name, relationship to child and phone number on this form in the space below.

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |



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MOVE 60 Teens! Program

Student Name _____

School _____

_____ My child will need transportation home afterward. This is no cost.

Address _____

_____ My child has my permission to walk home at the conclusion of each session.

_____ I will pick up my child at **4:30 pm**.

Parent/Guardian Signature

Date