



P.H.I.T. Camp is a program designed to provide a healthy lunch and fun activities for students who have completed Kindergarten through 6th grade. In each session, participants will work in groups to help prepare a nutritious meal. They will also be introduced to a variety of crafts and activities that will keep them busy and moving throughout their summer vacation. The camp will run on **Tuesdays** and **Thursdays** *June 5th* through *July 12th* (no camp July 4th) from 11am to 1pm. Space is limited.

Registration Deadline: Friday, May 31st, 2019

Drop off form at the WRAC front desk. For questions, email jocelyndoddridge@wraconfway.org

Mail-In PHIT Camp Registration Form

Participant's Name: _____
 Participant's Grade Level: _____
 Participant's Birthday: _____
 Parent's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____
 E-mail: _____
 Emergency Contact: _____
 Contact Phone Number: _____
 Food Allergies and/or Health Concerns: _____

**\$20 per participant
 completed 1st-8th grade**
 Tues & Thurs June 4th—July 11th, 2019
 11:00 am to 1:00 pm
Limited class space available
Mail completed form with payment to:
WRAC
P. O. Box 447
Wray, Co. 80758

*Occasionally, we may be leaving the site for various activities. There will either be bus transportation or we will walk short distances for these activities. We will be back at the WRAC in time for the kids to be picked up.
 I give permission for my child to participate in these activities: Yes No

Photo Release: By signing this registration, I grant consent for my minor's photograph to be taken with participating in this program, to use and publish photographs in all forms of media including, but not limited to, newsletters, Facebook, and website use. I hereby waive any right I may have to review, inspect, edit, or approve such publication, and I release the WRAC from any claims I may have against it for use of such photographs.

Waiver Statement: I hereby release and absolve the Wray Rehabilitation & Activities Center, their employees, volunteers, and other participants involved in the program from liability and/or claims of damages arising from the injury received by the participants involved, whether due to remission of said parties, or other participants, or otherwise.

Parent Signature _____

Wray Rehabilitation & Activities Center
DHS Program Area 3 Mentoring Participation Form

To the Parent(s) or Guardian(s):

Wray Rehabilitation & Activities Center is a 501(c)3 non-profit organization. We are not affiliated with the Yuma County Department of Human Services but do receive program funding specifically for the MY PHIT program. *In order to keep program fees low for you, funding is crucial.* To meet CORE Funding requirements, attendance records must be submitted. We are paid each time your child attends the program. Attendance is tracked by DHS using your child's social security number. All information on this form is kept confidential and used solely for funding purposes. Again, your child's social security number is used for attendance *ONLY*.

Please complete the following information that is mandated for us to have on file for each MY PHIT participant.

Thank you in advance for taking the time to help us meet our funding requirements.

Name of Program Participant: _____

Participant's Date of Birth: _____

Participant's Social Security Number: _____

All Household Parent/Guardian's Name(s): _____

Relationship(s) to Participant: _____

Parent/Guardian Signature: _____ Date: _____

To Be Filled Out by MY PHIT Staff:

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Wray Rehabilitation & Activities Center
Formulario de Participación de Mentoría del Área de Programa 3 del DHS

A la(s) padre(s) o tutor(s):

Wray Rehabilitation & Activities Center es una organización 501(c)3 una organización sin fines de lucro. No estamos afiliados a Yuma Departamento de Servicios Humanos del Condado, pero no reciben financiación del programa, específicamente para los MY PHIT programa. Para cumplir con los requisitos de financiación CORE, deben presentarse los registros de asistencia. Nos pagan cada vez que su hijo asiste al programa. La asistencia es rastreada por el DHS usando el número de seguro social de su hijo. Toda la información en este formulario se mantiene confidencial y se utiliza únicamente con fines de financiación. De nuevo, el número de seguro social de su hijo se usa SOLO para asistencia.

Por favor, complete la siguiente información que tiene el mandato para que podamos tener en el archive de cada MY PHIT participante.

Gracias de antemano por tomarse el tiempo para ayudarnos a cumplir nuestras necesidades de financiación.

Nombre del participante del programa: _____

Fecha de nacimiento del participante : _____

Numero de seguro social del participante: _____

Nombre(s) del jefe de familia: _____

Relación (s) con el participante: _____

Firma de padre/tutor: _____ Fecha: _____

Para ser completado por MY PHIT Staff:

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date