



MY PHIT is a program aimed at providing mentorship and positive role models for middle school aged youth (5th –8th) This program is targeted at improving citizenry activities, health, and wellness for youth in Yuma County. Each session will provide various activities and mentoring opportunities, meant to build youth by team building and pay-it-forward mentoring and will allow them to discover new healthy snacks and meals. We will meet each Wednesday Oct. 30th—Dec. 11th from 3:45 to 5:15 p.m. **There will be NO MY PHIT during Thanksgiving week.**

*Sponsored by collaborative efforts between the WRAC, Yuma County Extension Office, Yuma County Department of Human Services, and Wray Community District Hospital.*

**Registration Deadline: Friday, October 18th (to ensure t-shirt)**

**Drop off form at the WRAC front desk OR mail in registration & payment to the WRAC**

**Mail-In MY PHIT Registration Form**

Participant’s Name: \_\_\_\_\_  
Participant’s Grade Level: \_\_\_\_\_  
Parent’s Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Child’s Birthday: \_\_\_\_\_

**\$15 per participant**  
**5th-8th Grade: Wednesdays 3:45 - 5:15p.m.**

Oct. 30th—Dec. 11th (6 weeks)

**Limited class space available**

**Mail completed form with payment to:**  
**WRAC**  
**P. O. Box 447**  
**Wray, Co. 80758**

T-Shirt Sizes: Youth **M L** Adult **S M L XL 2XL**

Food Allergies and/or Health Concerns: \_\_\_\_\_

\*Occasionally, we may be leaving the site for various activities. There will be no transportation for these activities, so the days will be planned around the weather. 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