

BWI @ Town of Brant Recreation

Be Fit Kids - Summer Fitness Camp Program

Program provided by BWI Health Promotions



PARTICIPANT REGISTRATION FORM

Please Complete Entire Form to be Eligible for Insurance-Based Programs, thanks.

- | | | |
|---|--|---|
| <input type="checkbox"/> Community Blue of WNY ♦ | <input type="checkbox"/> Independent Health*
Independent Health's | <input type="checkbox"/> Univera ☉ _____ (list specific program) |
| <input type="checkbox"/> Traditional Blue of WNY ♦ | <input type="checkbox"/> FlexFit Debit Card Programs... | <input type="checkbox"/> Univera Community Health ☉ |
| <input type="checkbox"/> BlueCross BlueShield of WNY ♦ | <input type="checkbox"/> FlexFit Family + | <input type="checkbox"/> Other _____ (not eligible for discounts) |
| <input type="checkbox"/> Senior Blue of WNY ♦ | <input type="checkbox"/> FlexFit Independent Δ | <input type="checkbox"/> Insurance Info On File at BWI: Last class _____ |
| <input type="checkbox"/> BlueCross BlueShield Child Health Plus ♦ | <input type="checkbox"/> FlexFit Personal Best ^ | <input type="checkbox"/> Cash/Check Paying Customer |
| <input type="checkbox"/> BlueCross BlueShield Healthy New York ♦ | | <input type="checkbox"/> Credit Card/Debit Card Paying Customer: MC Visa |

CHILD'S NAME _____
First
MI
Last

INSURANCE ID# _____
3-Letter Prefix (YJC/YJP)
9 Digit ID# (sample: 880123456)
2 Digit Suffix (01)
GROUP #

CREDIT CARD or FLEX FIT DEBIT CARD _____
(16-digit card#)
(3-Digit Code)
(Expiration Date)

CHILD'S BIRTH DATE* _____ *** Must have to bill.** BILLING ZIP* _____
 IF POLICY IS NOT IN YOUR NAME _____
Card Holder's Name or Same
Relation to Card Holder
Card Holder's Employer

GARDIAN /PARENT: _____ DATE _____
 STREET _____ CITY _____ ZIP _____
 TELEPHONE: HOME _____ WORK _____ EXT _____
 EMERGENCY CELL: _____

Please tell us how you heard about our BWI Promotions: _____

PROGRAM INFORMATION:

Check ✓	Program	Location	Day(s)	Time(s)	Start Date	Length	Instructors	FREE	25% Discount	Price
	Group A: Age 5-8	Brant Town Place	M,T, TH, F	9am-3pm	8/2/2010	4-days	BWI Staff	♦ + ☉	* Δ ^	\$200.00
	Group B: Age 9-12	Brant Town Place	M,T, TH, F	9am-3pm	8/2/2010	4-days	BWI Staff	♦ + ☉	* Δ ^	\$200.00

Program Cost Without Eligible Insurance Coverage = \$200; Cost With 25% Discount = \$150

BE FIT KIDS:

An innovative program designed for children ages 5-12 years looking for a way to learn about their personal health and fitness with a team of friends. Be Fit Kids is an 1-week health initiative aimed toward promoting healthy living and learning, decreasing childhood obesity, reducing risk of juvenile diabetes and increasing daily physical activity. This program includes Common Sense Nutrition, Jump Start Your Fitness for Kids and Yoga for Kids.

This program is FREE for eligible BlueCross BlueShield of WNY, Univera, Univera's Community Health. Eligibility for insurance coverage is dependent on plan co-pays and deductibles if applicable. Independent Health Flex Fit Family members may pay for program with insurance debit card.

PARENTS: Please read and initial at location indicated:

I understand that excellent attendance is recommended and registering my child required.
 I also understand that my child is not eligible to participate if he/she has previously taken this program within the past year with BWI or another vendor kids program. I understand that 100% attendance is necessary for my child to be eligible for the Special Awards Program and for insurance reimbursement for Be Fit Kids program.
 Please confirm that the personal history and insurance card information listed above is accurate and complete.
Good behavior required!

X _____ (parent's signature)

(All information collected on this form will be kept confidential and will be used solely for the purpose of insurance reimbursement)



FOR STAFF USE ONLY:	
Date _____	Amount Paid \$ _____
Check/Cash/CC Receipt # _____	
Check # _____	
Program: Pymt IB-FREE Staff Initials _____	