

BWI @ Town of Hamburg 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* | <input type="checkbox"/> Univera ☉ _____ (list specific program) |
| <input type="checkbox"/> Traditional Blue of WNY ♦ | Independent Health's | <input type="checkbox"/> Univera Community Health ☉ |
| <input type="checkbox"/> BlueCross BlueShield of WNY ♦ | FlexFit Debit Card Programs... | <input type="checkbox"/> Other _____ (not eligible for discounts) |
| <input type="checkbox"/> Senior Blue of WNY ♦ | <input type="checkbox"/> FlexFit Family + | <input type="checkbox"/> Insurance Info On File at BWI: Last class _____ |
| <input type="checkbox"/> BlueCross BlueShield Child Health Plus ♦ | <input type="checkbox"/> FlexFit Independent Δ | <input type="checkbox"/> Cash/Check Paying Customer |
| <input type="checkbox"/> BlueCross BlueShield Healthy New York ♦ | <input type="checkbox"/> FlexFit Personal Best ^ | <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	Hamburg Arena	M-TH	9am-3pm	8/16/2010	4-days	BWI Staff	♦ + ☉	* Δ ^	\$200.00
	Group B: Age 9-12	Hamburg Arena	M-TH	9am-3pm	8/16/2010	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. TOWN ADMINISTRATION FEE = \$25.00

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 _____