

# Lakeshore Community Education

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 <b>On File</b> 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
	Group A: Age 5-8	JT Waugh Elemn.	M-TH	9am-3pm	8/23/2010	4-days	BWI Staff	♦ + ☉	* Δ ^
	Group B: Age 9-12	JT Waugh Elemn.	M-TH	9am-3pm	8/23/2010	4-days	BWI Staff	♦ + ☉	* Δ ^

### 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, Exercise, Fitness Testing and more.

*This program is FREE for eligible BlueCross BlueShield of WNY, Univera, Univera's Community Health and Independent Health's FlexFit Family members. Other administration fees may be required through the offsite locations.*

### 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 or better 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!**

Program Cost without eligible insurance coverage = \$200; 25% Discount = \$150

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 \_\_\_\_\_