



**Inclusively Fit believes maintaining fitness for the mind and body are essential for individuals of all ages and abilities during the summer months.**



## Keep Your Brain and Body in Shape

Teachers will guide students through comprehensive exercises to keep their brain fit while achieving individual goals.

Trainers will engage students in fitness exercises, sports, and small group activities at the new, state-of-the-art, Inclusively Fit training facility.

- Individualized Academic Goals
- Brain Training Activities that stimulate working memory and cognition
- Small Group Fitness with Inclusively Fit Personal Trainers
- Social Skills (games, role playing)

### June 19 – August 25

- Registration begins February 6
- 10 Weeks, Monday – Friday
- 9am – 12pm or 1 – 4pm
- 1:3 RATIO (Student/Teacher or Trainer)
- \$275/week
- Extended School Year Option
- Limited Space Available — Register Early to Secure a Place

CONTACT US TODAY  
IF YOU'VE EVER ASKED,  
**"WHAT IF?"**

#### For more information contact:

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# BRAIN & BODY FITNESS REGISTRATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Diagnosis or Learning Difference \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobil/Work Phone \_\_\_\_\_

Emergency Contact (different than parent) \_\_\_\_\_

Emergency Contact's Relationship \_\_\_\_\_

## Circle Weeks Attending

	Week Attending	AM PM	Payment Due Date by 6 pm		Week Attending	AM PM	Payment Due Date by 6 pm
1	June 19 – June 23		June 14	6	July 24 – July 28		July 19
2	June 26 – June 30		June 21	7	July 31 – August 4		July 26
3	July 3* – 7 *(Closed July 4)		June 28	8	August 7 – 11		August 2
4	July 10 – 14		July 5	9	August 14 – 18		August 9
5	July 17 – 21		July 12	10	August 21 – 25		August 16

**Deposit:** A deposit is needed to reserve a spot for the participant. This deposit is applied toward the weekly fee. Deposits will only hold your spot until 6 pm on the Wednesday prior to the week the participant is enrolled. Deposits will be forfeited after this time. Deposits are not refundable and will not be transferred to another week.

**Payment of Fees:** Payments are due by 6 pm on the Wednesday prior to the week the participant attends. A late fee of \$25 per family will be assessed on payment received after that time. (Provided there is open space.) Payment can be made by: Cash, Check—payable to Inclusively Fit—Master Card, Discover, or Visa. Ratios and supplies are planned according to enrollment; therefore, there are no refunds or credits given.

**Past Due Accounts:** Any parent/guardian owing a past due balance may not continue to register the participant for additional weeks until their account balance has been paid in full.

**Absence/Credits:** When you enroll for a week of Brain & Body Fitness, you are reserving the time, space, staff and provisions (which are purchased in advance) for the participant whether he/she attends or not. Absences will not be deducted from your fee—except in the event of a serious illness and/or family emergency where credits may be issued toward another program (excluding deposits).

**Liability and Waiver of Liability:** Each member shall be liable for any property damage and/or personal injury caused by member. It shall be the obligation of the Member/Parent to pay for any costs involved upon presentation of a statement. Any and all usage of Inclusively Fit shall be at such person's own risk and Inclusively Fit shall not be liable for any injury or damage to such person, or to be subject to any claim, demand, injury or damages. Member further agrees to assume any and all risk of participation in programs and activities. The member further agrees to release and hold harmless Inclusively Fit and its staff conducting the programs and activities from any and all claims that may result in injury, or death, accidental or otherwise, during or arising in anyway from program or services.

I understand and agree to the terms of this program and abide by all the terms provided by Inclusively Fit. Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_