



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. 4th through Nov. 8th from 3:45 to 5:15 p.m.

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

**Registration Deadline: Friday, September 22nd**

**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: \_\_\_\_\_  
T-Shirt Sizes: Youth **M** Adult **S M L XL**  
Food Allergies and/or Health Concerns: \_\_\_\_\_

**\$15 per participant**  
**5th-8th Grade: Wednesdays 3:45 - 5:15p.m.**  
  
Oct. 4th—Nov. 8th (6 weeks)  
**Limited class space available**  
**Mail completed form with payment to:**  
**WRAC**  
**P. O. Box 447**  
**Wray, Co. 80758**

\*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 \_\_\_\_\_

## YUMA COUNTY DEPARTMENT OF HUMAN SERVICES Program Area 3 Participation Form

(TO BE COMPLETED BY FAMILY APPLYING FOR PROGRAM AREA 3 WITH YCDHS PROVIDERS)

**HEAD OF HOUSEHOLD INFORMATION**

LAST NAME	FIRST	MIDDLE	
MAILING ADDRESS: NUMBER		APT/UNIT #	
CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER
		IS COLORADO THE CURRENT STATE OF RESIDENCE OF THE HOUSEHOLD?	YES # NO #

**HOUSEHOLD MEMBERS LIST YOURSELF AND EVERYONE WHO LIVES WITH YOU (INCLUDING STEPPARENTS):**

LAST NAME, FIRST, MIDDLE INITIAL	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH	CITIZENSHIP U.S. Citizen, Qualified Alien, Unqualified Alien	WORK INCOME (MONTHLY)
	SELF					

**ELIGIBILITY CRITERIA AND FACTORS**

1. YES  or NO  The household income is less than \$75,000 per year. Annual household income = \_\_\_\_\_.
2. YES  or NO  There is a dependent child living in the home who is related to the adult within the 5<sup>th</sup> degree of kinship.
3. YES  or NO  The family has a specified need (listed here): \_\_\_\_\_

- This application has been approved
- This application has been denied Denial Reason: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.

SIGN HERE (Authorized Agency Representative) \_\_\_\_\_ Date

# Acoplamiento uno

## Departamento de Servicios Humanos del Condado de Yuma Programa de área 3 forma de participación

(será llenada por las familias aplicando para el programa de los materiales de escuela de parte de YCDHS)

### INFORMACION DEL JEFE DE FAMILIA

APELLIDO		NOMBRE		SEGUNDO NOMBRE		
DIRECCION POSTAL		CALLE/PO BOX/RURAL ROUTE				APT/UNIT #
CIUDAD/PUEBLO	ESTADO	CODIGO POSTAL	NUMERO DE TELEFONO	ES COLORADO EL ESTADO DE RESIDENCIA DONDE RESIDE LA FAMILIA ?	SI #	NO #

### MEMBROS DE LA FAMILIA (PONGA A USTED MISMO Y TODOS LOS QUE VIVEN EN LA CASA INCLUSO A LOS PADRASTROS)

APPELLIDO, NOMBRE, INICIAL	09-10 NIVEL DE GRADO	RELACION AL JEFE DE LA CASA	NUMERO DE SEGURO SOCIAL	SEXO M/F	Fecha de nacimiento	CIUDADANIA CIUDADANO DE LOS ESTADOS UNIDOS, RESIDENTE LEGAL, EXTRANJERO SIN TITULO	INGRESOS DEL TRABAJO (MENSUAL)
		Usted Mismo					

### FACTORS DE CALIFICAR

1. SI  or NO  Los ingresos son menos de \$75,000 por ano. Ingresos de la casa por un ano = \_\_\_\_\_.
2. SI  or NO  Hay un niño/a dependiente en la casa que es relacionada al adulto dentro del grado quinto del parentesco.
3. SI  or NO  Los niños/as son registrado en la escuela pública del Condado de Yuma. La Distrito de su Escuela: \_\_\_\_\_.

Esta aplicación si califica.

Esta aplicación no califica. Razón de no calificar: \_\_\_\_\_.

FIRMA DE PARTICIPANTE: \_\_\_\_\_

FECHA: \_\_\_\_\_

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.

SIGN HERE (Authorized Agency Representative)

Date