



STRONG AND EMPOWERED

AFTERSCHOOL ENRICHMENT FOR GIRLS



Girl Power Go is a program designed to get girls excited about fitness and feeling fabulous while making new friends. The YMCA is offering a NEW 8 week class at Bellingham Memorial School—combining life lessons, positive thinking & physical activity.

Girls will learn strategies and develop tools to build strong connections to self and others. How to be brave and courageous, while still being loving and kind. Healthy eating, the importance of rest, how to stand in your power and how to be a good friend are just some of the topics covered. Includes fun fitness segments such as boot-camp, yoga, strength training, teamwork games and kick boxing.



Runs: March 26-May 21

Cost: \$150*

Contact: Kim Jennings

kjennings@hockymca.org

Enroll today by submitting registration form (over) to the Y or calling the Y at 508-528-8708. Payment can be mailed to the Y at 45 Forge Hill Road, Franklin 02038.

*Open to non members of the Y. YMCA members and Schools Out participants receive 25% discount.



WHERE: Bellingham Memorial

MONDAYS, March 26 and April 2, 9, 23, 30 and May 7, 14, 21

2:20-3:05pm (late bus avail.)



HOCKOMOCK AREA YMCA ENRICHMENT REGISTRATION FORM

Program location: BMMS

Child's Name:		Gender	Age	DOB		
School Child Attends	Teachers Nam	ie			Grade	
Parent/Guardian Name:						
Address:						
Phone:	Cell P	hone:				
Email (to receive program upd	ates):					
Emergency Contact Name			Phone: _			
Emergency Contact Name						
List any special needs / medica	l conditions that we shou	ıld know				
*We do not have access to medication necessary, please indicate so that w			of the YMCA pro	ogram. If med	ication is or may be	
Parent / Guardian Agreement I hereby certify that this child is in good healt obtain medical treatment for my child/ren in ages the YMCA BASE Program and its officers might sustain while participating in the activi	th and is capable of participating in the the event that the parent and emer s, directors, members, employees, ag	gency contact pers	on cannot be reache	d. I agree to hold	free from all claims for dam-	
Signature:		Date				
The following Individuals along w photo ID).	ith the Parent/ Guardian ar	nd Emergency	Contacts may p	oick-up your (child (MUST show	
Please return forms and paymen Franklin YMCA, 45 Forge Hill Rd, 8 Week Class \$150 per child.* Yo	Franklin, Ma 02038 or conf			-	-	
8 week Class \$150 per child." Yo Schools Out child care program w				•	•	
****PLEASE DO NOT RETU	JRN THIS FORM TO Y	OUR CHILD	<mark>S SCHOOL*</mark>	***		
Please choose payment option ☐ Cash ☐ Check (Payable to		☐ Credit	Card (please	enter numb	er below)	
Card Type Card N	Number		Exp	CCV#	‡	
	Card Holder Signature					
Signature of Parent/Guardian				Date:		