

Cornerstone Therapies

PRESENTS:

FITNESS FUN

with Amy!!

When: MONDAYS at 2:00pm Cost: FREE
June 1, June 8, June 15, June 22, & June 29
Who: Children in 1st - 5th grade

Do you have a child who is interested in learning more about exercise, group fitness, nutrition, and wellness? Perhaps you are interested in finding ways to help your child move and stay active during the summer months? Jump-start your summer with this fun & **FREE** health and wellness class for children in 1st - 5th grade! This class will meet weekly on Monday afternoons at 2:00pm during the Month of June. Due to COVID-19 restrictions, classes will take place using Zoom video-conferencing.

Classes will be approximately 30 minutes in length, and include:

- A basic introduction to health and wellness
- Weekly fitness challenges to complete with your family
- Fun, energetic atmosphere with age-appropriate exercises

1:1 instruction is not offered in this class; however, the instructor can give modifications to help your child complete the activities. Reach out to the instructor below if you have any questions or concerns regarding your child's participation.

Register Now! Space is limited. To register, fill out the attached form and email it to Amy at: amy.sybesma@cornerstonetherapies.net

About the instructor: Amy Sybesma, PT, DPT, CSCS

Amy is a pediatric physical therapist at Cornerstone Therapies. She earned her doctorate of physical therapy at Sacramento State University and is a Certified Strength and Conditioning Specialist. Amy enjoys working with children to achieve their maximal function, and this includes promoting a healthy lifestyle! She looks forward to introducing your children to a variety of options for staying active and healthy this summer!

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Pediatric Behavioral, Occupational, Physical, Speech & Educational Therapy and Evaluations
18700 Beach Boulevard, Suite 120
Huntington Beach, CA 92648
Phone: (714) 962-6760 Fax: (714) 962-5961

Child's name: _____ Parent/
guardian's
name(s) _____
Child's birthday: _____ Home address: _____
Phone
number(s): _____ Emergency
Contact Name: _____
Email address: _____ Emergency
contact phone #: _____

Health Questions:

Does your child have or has he or she ever experienced any of the following:	YES	NO
High or low blood pressure		
Elevated blood cholesterol		
Diabetes		
Chest pain brought on by physical exertion		
Childhood epilepsy		
Dizziness or fainting		
A bone, joint or muscular problem		
Arthritis		
Asthma or respiratory problems		
Any sustained injuries or illness		
Allergies		
Is your child taking any medications		
Has your doctor ever advised your child NOT to exercise		
Is there any reason physical exercise may not be suitable for your child		

If answered 'YES' to any of the above questions please give more detail here:

In signing this form, I the parent/guardian of the child above, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. I understand that I the parent/guardian am responsible for monitoring my child during their activities. In the event that medical clearance must be obtained before my child's participation in a group fitness class, I agree to contact the primary care provider and obtain written permission prior to the commencement of the exercise activities, and that the permission be given to the instructor. I understand that my child is participating in a group exercise class remotely via a video-conferencing platform and this is not equivalent to nor does it take the place of 1:1 instruction or rehabilitative treatment. Additionally, I understand that if my child fails to behave in a manner that is appropriate, he or she may be suspended from participating in group fitness classes.

Parent/guardian's signature: _____ Date: _____

Please print name: _____