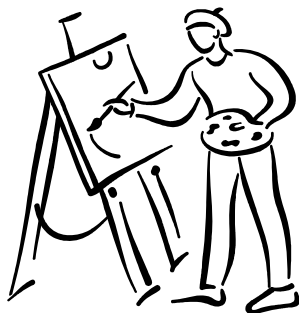


Expressive Arts **FREE Physical Activity & Art Program for Youth with Down syndrome!**

Through community partners, we are putting on a 4 week dance and art program for youth with Down syndrome ages 6-18. This program will focus on movement, self expression, self confidence and fun!! This unique opportunity will include 30 minutes of physical activity and 30 minutes of art in each session. Registration will be open September 10th with space limited to 25 kids.



When: Every Saturday starting October 5th – October 26th

What time: 10:00am-11:00am

Where: Sioux Falls Family YMCA

Ages: 6 years - 18 years

Cost: Free

To register for this program, fill out the form on the back of this sheet and return it to the Sanford Wellness Center front desk or call 605-328-1600 to register over the phone.

4201 S. Oxbow Ave, Sioux Falls, SD 57106

If you have questions please contact Carrie King at
carrie.king@sanfordhealth.org

Please return the following registration form to the front desk for the Sanford Wellness Center at 4201 S. Oxbow Ave., Sioux Falls, SD 57106 or fill out electronically and email to Carrie King at carrie.king@sanfordhealth.org. Registration opens on September 10th with space being limited to 25 kids.

Father/Guardian Name: _____

Mother/Guardian Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ E-mail: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

Child's Name: _____ ☐ Male ☐ Female

Birth Date: _____ Age: _____ (mm/dd/yy) (at time of attendance)

School: _____ School Grade Completed _____

Emergency contact other than parent or guardian: _____

Emergency Phone _____

Medical/Emotional Condition: _____

Medication: _____

Allergies: _____

Signature of Parent/Guardian on the Sioux Falls Family YMCA, Family Wellness, and Sanford Wellness Center registration form indicates permission to participate in the program/programs and the authorization to use promotional photos of youth applicants. I release the Sioux Falls YMCA, Family Wellness, and Sanford Wellness Center and its coaches from all claims of any injuries which may be sustained by youth while partaking in any YMCA, Family Wellness, and Sanford Wellness Center sponsored activity. If medical attention is required, I give permission for such medical care.

Parent/Guardian Signature: _____

Date: _____

