

for healthy living,  
**FROM YOUR INSIDE OUT...**

**HEALTHY ME downunder**  
**Teen Health Club**  
**Fairfield Woods Library Branch**  
**Fairfield Woods Road, Fairfield**

**After school meeting dates include**  
**the following Fridays from 3:00 – 4:00 pm**  
**1/22, 2/12, 3/12, 4/9, 5/14**

Please contact us with any questions or concerns you may have.  
We thank your child for their interest in this program and look forward to  
fun & exciting monthly sessions that will prove to foster  
healthy exercise and eating habits!

**Amie Guyette Hall, CHHC, AADP, amieghall@aol.com**  
**Nancy Coriaty, Branch Librarian, ncoriaty@town.fairfield.ct.us**  
**Nicole Scherer, Branch Teen Liason, nscherer@town.fairfield.ct.us**

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~~~~~**Detach Here**~~~~~

Please complete and return by email or print and bring paper copy to the library. Thank you.

**Student Name** \_\_\_\_\_  
**School** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_  
**Parent/Guardian Email** \_\_\_\_\_  
**2<sup>nd</sup> Email** \_\_\_\_\_ (student or 2<sup>nd</sup> parent)  
**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

(I understand that the above email and phone information will be used only for club communication and monthly newsletter.)

\_\_\_\_ I give my child permission to participate in this after school club which includes light exercise and food samples.

\_\_\_\_ My child has no food allergies/health concerns.

\_\_\_\_ My child has the following food allergy/health concerns:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Disclaimer: The information provided herein is for educational purposes only and is not intended to diagnose or treat any particular illness or condition, nor is it intended to support any particular product or service. Please consult your healthcare provider prior to making changes in your family's health care routine.