

MIGHTY Inquiry

Youth Name: _____

Age: _____ Grade: _____ Ethnicity: _____

DOB: _____ Gender: _____

School: _____

Parent/Guardian Name: _____

Phone Number: _____

Primary Care Physician: _____

I, _____ would like to enroll my child into the Baystate
(*print Parent/Guardian name*) MIGHTY Program. I give my permission to have
someone from the Baystate MIGHTY Program to contact me.

Signature: _____ Date: _____
Parent/Guardian

The MIGHTY Program is a weight management program for youth ages 5-21. In order to participate, your child must meet BMI requirements. Please fill in the below to the best of your ability.

Height: _____ Weight: _____ BMI & %: _____

MIGHTY classes begin February 2018. Registration closes January 2018.