

## 2021 Health First Mayors' Fitness Challenge For Kids Children's Incentive Program (Prizes)

United Way of Brevard requests parental permission for children to participate in the 2021 Health First Mayors' Fitness Challenge. Information collected will include the children's names and ages. The information will be used for registration of the children, the collection of data measuring participation by age categories, and to provide prizes for registration and participation. The names and ages will not be shared with other third parties. The data measuring participation by age categories will be shared with Health First Medical Group. Parents have the opportunity to opt out at any time on behalf of their child. United Way of Brevard will notify parents and get consent again if we materially change the kinds of information we collect, change how they use the information, or offer the information to new and different third parties.

If you believe your child could benefit from this program, we encourage you to sign them up by filling the form out below and returning it to United Way of Brevard, 1100 Rockledge Blvd., Rockledge, FL 32955 or fax to **321-631-2007**. Only one form is needed for all the children in your family, but include information for each child in the form below (If you have more than four children, please submit an additional form). This information is kept confidential and only seen by the staff person completing the calculations.

I, \_\_\_\_\_, consent to the website's internal use of the child's personal  
(Name of Parent)

information, without having to consent to the website's disclosure of that personal information to third parties.

- I may review personal information collected regarding my children.
- I may revoke my consent, and delete information collected regarding my children at my request.
- I can revoke my consent and ask that information about my children be deleted from the site's database.
- Please sign my child(ren) up for the 2021 Health First Mayors' Fitness Challenge. I understand that I will receive a survey to report my child's(ren) minutes of exercise at the end of each week from February 6 until March 27, 2021.

PLEASE PRINT CLEARLY

Today's Date \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone Number (if any) \_\_\_\_\_ Municipality \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_