

YMCA of the Highland Lakes at Galloway-Hammond

Fitness Programs

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| <input type="checkbox"/> Summer I June 1 – July 11, 2015 Register by May 30 th | <input type="checkbox"/> Summer II July 13 – August 21, 2015 Register by July 11 th |
| <input type="checkbox"/> <u>Teens N Training</u> (ages 9-13) <u>Program Day:</u> Wednesday <u>Program Time:</u> 5:30pm <u>Program Fee:</u> Members: \$30 Community: \$37 <ul style="list-style-type: none"> Participants will learn weight room equipment safety and proper weight room etiquette. Completion of this program allows successful graduate to use weight room and cardio facilities. | <input type="checkbox"/> <u>Small Group Training</u> <u>Program Day & Time:</u> Schedule with Personal Trainer Small Group Meets 2x a week for 6 weeks <u>Program Fee:</u> Members: \$100 per person Community: \$125 <ul style="list-style-type: none"> Small group training offers you a chance to interface with a Personal Trainer at a very affordable price. The small group training classes differ from our other, regularly scheduled classes in that the number of participants is limited, the duration of the class is limited, and the purpose of the training is specific to the class participant's goals, and not just for general fitness purposes. Training sessions are limited to 3-10 participants so sign up early to reserve your place. Invite your friends who may benefit from additional activity to join you |
| <p>Make it your "Mission" to get FIT...</p> <p>Mission Fitness Personal Training Package Includes:</p> <p>SESSION 1- Fitness Assessment & Body Fat % Testing</p> <p>SESSION 2- Goal Setting and 45 minutes of a total body workout with your Personal Trainer</p> <p>SESSION 3- 45 minutes of a total body workout with your Personal Trainer</p> <p>SESSION 4- 60 minutes of a total body workout with your Personal Trainer</p> <p>MEMBERS ONLY \$120 See personal training flyer to register</p> | |

PARTICIPANTS NAME _____ SEX m/f _____ AGE _____ Grade _____

ADDRESS _____ BIRTHDATE _____ / _____ / _____

CITY _____ STATE _____ ZIP _____ HOME PHONE (____) _____

PARENT/ GUARDIAN NAME _____ WORK PHONE (____) _____

In Case of Emergency notify (other than parent) _____ PHONE _____

EMAIL ADDRESS _____ FAX _____

PERMISSION FOR TRANSPORTATION: The YMCA Staff has my permission to transport my child to and from program location in the event of an emergency. I understand reasonable precautions will be taken to ensure the safety and supervision of my child.

MEDICAL WAIVER: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact, my child requires the attention of a physician.

WAIVER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of my child involved in YMCA programs to be used for future YMCA promotions or display.

REFUND/TRANSFER POLICY: I understand that the YMCA has no refund policy. Details of the policy are available at the Member Services Desk.

PARENT'S/GUARDIAN ACKNOWLEDGEMENT: This is to acknowledge that I have read and agree to the above information. **Int.** _____

 Signature or Parent Signature if under 18

 Date

15SU1/15SU2