

# SESSION 5: JULY 21 – AUGUST 31

## CLASS REGISTRATION INFORMATION

6 WEEK SESSION FEES		ALERT!
1 CLASS	\$38	<b>PRICE WILL INCREASE BY \$20 PER CLASS AFTER 7/19/19</b>
2 CLASSES	\$58	
3 CLASSES	\$68	
4 CLASSES	\$78	

WANT MORE THAN 4 CLASSES? ADD \$10 FOR EACH ADDITIONAL CLASS  
DISCOUNT DOES NOT APPLY TO BOOTCAMP or HIIT

<b>BARBELL BASICS</b>	<input type="checkbox"/> Mondays 9:00am <input type="checkbox"/> Thursdays 6:30pm
<b>BARRE</b>	<input type="checkbox"/> Tuesdays 9:30am <input type="checkbox"/> Wednesdays 8:30am <input type="checkbox"/> Thursdays 9:30am
<b>CIRCUIT TRAINING</b>	<input type="checkbox"/> Wednesdays 8:00am <input type="checkbox"/> Thursdays 9:30am
<b>PILATES</b>	<input type="checkbox"/> Thursdays 7:30am
<b>TRX</b>	<input type="checkbox"/> Mondays 9:30am <input type="checkbox"/> Thursdays 8:30am
<b>TRX CIRCUIT</b>	<input type="checkbox"/> Fridays 9:30am
<b>TRX S&amp;C</b>	<input type="checkbox"/> Sundays 1:30pm
<b>MONTHLY FEE BASED CLASS FEES – Registration Option #1</b>	
<b>BOOTCAMP</b> \$20 Monthly For 1 Class \$30 Monthly For 2 Classes	<input type="checkbox"/> JULY <input type="checkbox"/> AUGUST <input type="checkbox"/> Wednesdays 8:30am <input type="checkbox"/> Thursdays 6:00pm
<b>HIIT CLASSES</b> \$10 Monthly	<input type="checkbox"/> JULY <input type="checkbox"/> AUGUST

Member Drop-In Rate:  \$10 per class

**SUMMER SPECIAL - \$8 DROP IN PER CLASS**

Classes must meet the minimum participant requirement before drop-in fees are available.

Check with the front desk for class status. Non-member drop-ins are not available.

# CHASCO FAMILY YMCA

19FIT

## FITNESS PROGRAM REGISTRATION FORM

PRICE WILL INCREASE BY \$20 PER CLASS AFTER 7/19/19

NAME \_\_\_\_\_ YMCA ID# \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ANY ADDITIONAL INFORMATION YOUR INSTRUCTOR/TRANINER SHOULD KNOW... \_\_\_\_\_

**MEDICAL WAIVER:** In the event that I require emergene medical treatment and my emergency contact cannot be reached. I hereby authorize the YMCA staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent or any and all necessary medical treatment, if, in fact I require the attention of a physician.

**WAVIER:** 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, partici- pants, 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 myself 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 Service Desk.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### YMCA STAFF USE ONLY

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY