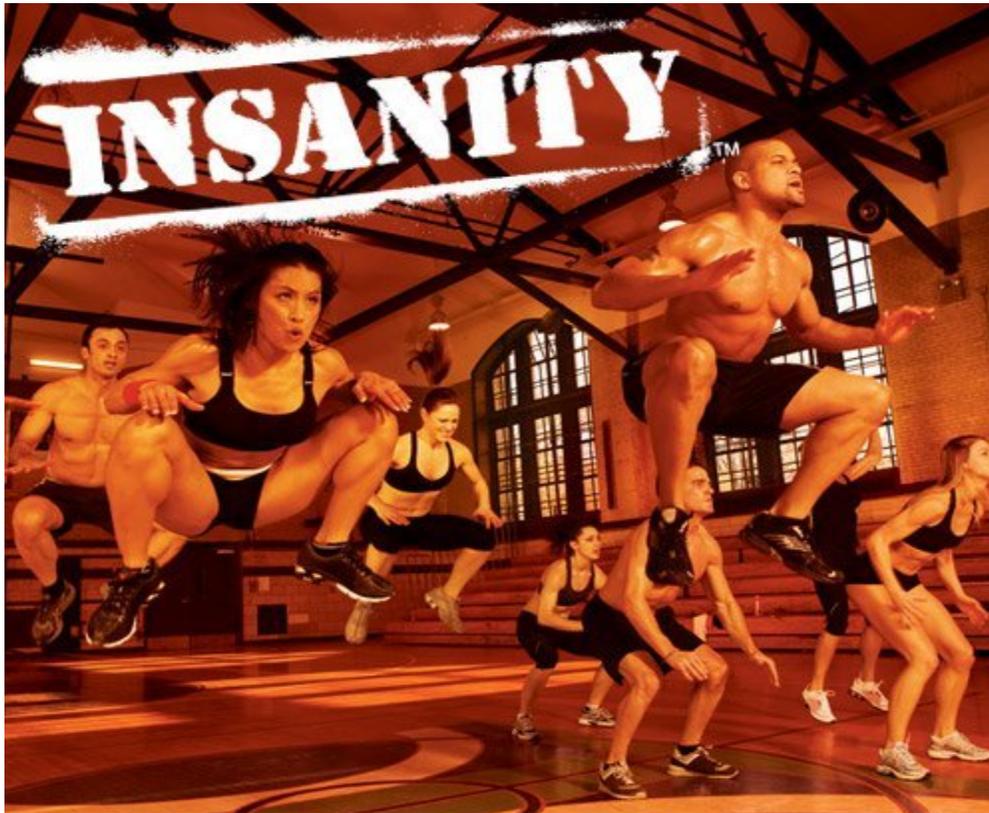




HUTTO FAMILY YMCA



With INSANITY, you work in 8 minute blocks with 2 minute sets and 30 seconds rest in each block. It's called *Max Interval Training* because it keeps your body working at maximum capacity through your entire workout. You keep pushing your limits – so your body has to adapt.

INSANITY INCLUDES:

- ✚ PLYOMETRICS for insane legs and glutes
- ✚ UPPER BODY RESISTANCE for sculpted arms, shoulders, chest, and back.
- ✚ PURE CARDIO for crazy fat burn.
- ✚ CARDIO ABS with intensive core work
- ✚ RECOVERY gives your body a break

****FEE BASED CLASS****

Wednesdays, 8:30am, Studio with Stacy
(See reverse for registration information)

HUTTO FAMILY YMCA ^{18 FIT}

FITNESS PROGRAM REGISTRATION FORM

Select Session: April May

INSANITY \$10.00 MEMBER \$25 NON MEMBER STUDIO	<input type="checkbox"/> WEDNESDAYS 8:30AM
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MEMBER DROP IN: \$10.00 NON-MEMBER DROP IN: \$18.00
(day pass + drop in)

NAME _____ YMCA ID# _____

PARTICIPANT'S NAME IF UNDER 18 YRS _____ 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 emergency 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, 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 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