



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Our Bootcamp is designed for MAXIMUM calorie burn in the shortest amount of time. We want to get you fit, get you healthy, challenge your mind, challenge your body, and most importantly MAKE FITNESS FUN!**

**Bootcamp isn't just for macho men, superwoman, etc., but for everyone! Bootcamp is challenging, but it provides an amazing whole-body workout that builds strength and endurance. Think about it as a 60-minute one-stop-shop workout where time commitment is minimal in comparison to all the physical benefits that you will obtain.**

**CLASS TIMES:**  
MONDAY & WEDNESDAY • 5:30am - 6:30am  
FRIDAY • 6pm (Starting January 18th)

**MONTHLY DRAFT\*\* • \$50.00 YMCA MEMBER / \$57.00 COMMUNITY MEMBER  
or \$10 daily drop in fee.**

**PARTICIPANT'S INFORMATION**

**NAME** \_\_\_\_\_ **SEX(M/F)** \_\_\_\_\_ **DOB** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENT/ GUARDIAN'S NAME (IF PARTICIPANT IS UNDER 18)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **ALT. PHONE** \_\_\_\_\_

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

**ANY OTHER INFORMATION YOU THINK THE INSTRUCTOR SHOULD KNOW...** \_\_\_\_\_

**ACKNOWLEDGMENT**

**MEDICAL WAIVER:** In the event that me or my child requires emergency medical treatment, I hereby authorize the YMCA Staff to make arrangements to transport me or my child to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact me or my child requires the attention of a physician. The YMCA will make every effort to reach the emergency contact listed above.

**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.

INITIAL \_\_\_\_\_ **Yes/No Photo Release:** I give my consent for pictures taken of me to be used for future YMCA promotions or display.

INITIAL \_\_\_\_\_ **Refund/ Transfer Policy:** I understand that the YMCA has no refund policy. Details of the policy are available at the member Service desk.

INITIAL \_\_\_\_\_ **I UNDERSTAND THAT I MUST CANCEL BY THE 15TH OF THE MONTH IF I WISH TO NO LONGER PARTICIPATE IN BOOTCAMP AND NOT BE CHARGED.**

**BY SIGNING ABOVE YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO THE INFORMATION STATED ABOVE**

**DATE**

**YMCA STAFF USE ONLY (1819F)**

STAFF NAME	DATE	PAID AMOUNT	Bank Draft Form Completed
------------	------	-------------	---------------------------

