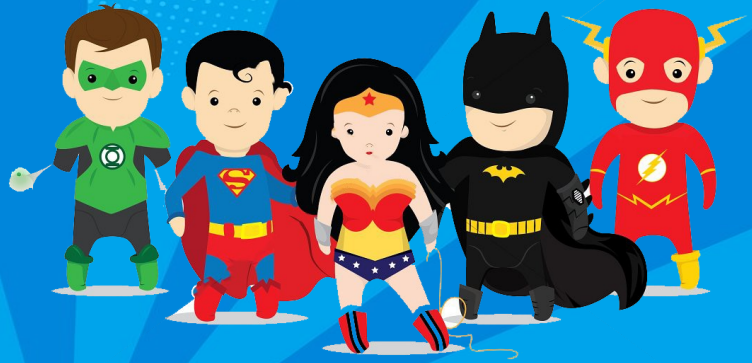




FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CALLING ALL SUPERHEROES



## Superhero Training

Summer Session I 2019: June 2 – July 13

Summer Session II 2019: July 14 – August 24

Join us for our ultra popular Superhero Training class. This 45 minute class has junior superheroes jumping over obstacles, swinging through imaginary cityscapes and dodging perilous villain traps! Your superhero will be constantly on the move as they navigate our exciting courses, while learning the character traits that define a hero. Certificates and a small surprise will be awarded to each participant upon training completion.

**WHEN:** Monday  
12:00 – 12:45 PM (co-ed)

Friday  
11:00 am – 11:45 (co-ed)

**AGES:** 3-5 Yrs

**PRICE:** \$55/YMCA Members \$70/Community Members

**Location:** Gymnastics Studio



# TWIN LAKES FAMILY YMCA SUPERHERO TRAINING

## SUMMER I 2019

### Registration Dates

Member Registration begins:  
4/15/19

Non-Member Registration begins:  
4/22/19

### Session Dates

June 2nd—July 13th

## SUMMER II 2019

### Registration Dates

Member Registration begins:  
4/15/19

Non-Member Registration begins:  
4/22/19

### Session Dates

July 14th—August 24th

### Check Desired Class Time:

\_\_\_ Mon, 12:00 pm (co-ed)

\_\_\_ Fri, 11:100 am (co-ed)

## PARTICIPANTS INFORMATION

PARTICIPANTS NAME \_\_\_\_\_ SEX (M /F) \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

PARENT / GUARDIAN NAME \_\_\_\_\_ HM PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT & RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

MEDICAL CONDITION, ETC. \_\_\_\_\_

## PARENT / GUARDIAN'S ACKNOWLEDGEMENTS

**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.  
YES: INT \_\_\_\_\_

**REFUND / TRANSFER POLICY:** I understand that the YMCA has no refund policy.

**PARENTS / GUARDIAN ACKNOWLEDGEMENT:** This is to acknowledge that I have read and agree to the above information. INT \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Y STAFF ONLY**

Program Code: (19SU1) Staff Initials: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Program Code: (19SU2) Staff Initials: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_