

LES MILLS

Technique Sessions



Les Mills **RPM**™, Les Mills **BODYPUMP**™, Les Mills **BODYSTEP**™, Les Mills **CXWORX**™ and Les Mills **BODYCOMBAT**™ are world-renowned fitness programs that promise amazing results, but poor form and technique can slow progress for even the most dedicated participant. Take your fitness to the next level with a Technique Session!

The Les Mills™ teams at CHASCO and Hutto Family YMCA's can help you to hone your technique by offering one-on-one sessions to review fundamentals in the above programs. These sessions can equip you with the knowledge, form, and technique to take your Les Mills™ workout to an entirely new plane to help you achieve the results you are working toward. Spend 45 minutes with a designated instructor and walk away with confidence that you are moving toward getting your ultimate workout.

\$30 member rate/\$45 non-member rate for a 45 minute session with a designated program instructor. Fill out registration details on the reverse side of this form. Your instructor will contact you directly to schedule your session.





Technique Sessions

For Staff Use: Transaction Code **504**

CHASCO

HUTTO

\$30 Member Rate

\$45 Non-Member Rate

SELECT PROGRAM:

Les Mills **RPM**

Les Mills **BODYPUMP**

Les Mills **BODYSTEP**

Les Mills **BODYCOMBAT**

Les Mills **CXWORX**

Please provide participant registration information below:

PARTICIPANT NAME _____

ADDRESS _____

CITY _____ **ZIP** _____ **EMAIL** _____

EMERGENCY CONTACT _____

PHONE _____ **ALT PHONE** _____

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 for 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 a no refund policy. Details of the policy are available at the Member Services Desk.

By signing, I agree that I have read the above information:

Signature _____ Date _____

STAFF USE: # of Classes: _____ Amount Paid: _____ Date: _____ Staff Initials: _____