



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y ENDURANCE

Have you ever wondered how much you are capable of? Have you ever considered doing something just to see if you can? Have you ever wanted to test your mental toughness? Are you willing to push yourself to your limits to find out? If you answered yes to any of these questions it is time for you to join others on mission to test your limits, and find yourself along the way.

High Intensity endurance training with the use of a wide range of weights, body weight and obstacle course equipment. Building muscle while burning fat and increasing lung capacity.

**SUMMER SESSION ONE**  
**June 2 - July 13, 2019**

**SUMMER SESSION TWO**  
**July 14 - August 24, 2019**

**Saturdays at 10:00am with**  
**Chance**

**Meet at the fitness desk**

**\*This is not a beginner class**

**\$51 YMCA MEMBERS**  
**\$64 NON MEMBERS**



# TWIN LAKES FAMILY YMCA

## Y ENDURANCE

Meets once a week for 6 weeks  
Saturdays at 10am with Chance

**June 2 - July 13, 2019**

Summer Session one (19SU1)

**July 14 - August 24, 2019**

Summer Session two (19SU2)



### PARTICIPANTS INFORMATION

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

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

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

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

ANY OTHER INFORMATION YOU THINK THE INSTRUCTOR 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 - 19SU1, 19SU2

STAFF NAME \_\_\_\_\_

DATE \_\_\_\_\_

PAID AMOUNT \_\_\_\_\_

PAYMENT VERIFIED BY \_\_\_\_\_