



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FEEL BETTER FEELING STRONGER

Small Group Training TWIN LAKES FAMILY YMCA

A challenging total body workout, using alternating stations of weights & cardio, utilizing equipment such as dumbbells, balance balls and resistance tubes. Additionally, the class will consist of a warm-up, abs, cool-down, and stretch. Your trainer will keep you motivated and help you transform your body.

SUMMER 1 SESSION: June 2 - July 13, 2019

MONDAYS and WEDNESDAYS - 9:30am with Jana

MONDAYS and WEDNESDAYS - 10:30am with Jana

WEDNESDAYS and FRIDAYS - 9:00am with Tracy

MONDAYS and WEDNESDAYS - 5:45pm with Chance

MEETS AT THE FITNESS CENTER DESK

\$102-YMCA Members

\$127-NonMembers

19SU1 JANA-576 CHANCE-440 TRACY-401



TWIN LAKES FAMILY YMCA

SMALL GROUP TRAINING

June 2 - July 13, 2019

- 9:30am Mondays and Wednesdays with JANA
- 10:30am Mondays and Wednesdays with JANA
- 9:00am Wednesdays and Fridays with Tracy
- 5:45pm Mondays and Wednesdays with Chance

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

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY