



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR A STRONGER YOU

Women's Weight Training

TWIN LAKES FAMILY YMCA

Do you want to increase your lean muscle mass; therefore adding shape to your arms, taking inches from your tummy, and firming up your booty? Do you want to feel confident walking into the gym and lifting free weights, using the squat rack or cable machines?

Come join our women's only lifting program to start building your happiest and strongest YOU! This program is meant to improve your strength, muscle size and conditioning simultaneously. Each week we will build upon the strength and skills you learned from the previous week. You will learn proper form and technique when lifting free weights and bars, as well as learning to lift 'heavy' in such movements as deadlifts, squats, lunges and various strength moves.

June 2 - July 13, 2019

SUMMER ONE SESSION

MONDAYS AND WEDNESDAYS

at 10:30am with Marne

TUESDAYS AND THURSDAYS

at 8:30am with Emily

TUESDAY AND T U SDAY EVENINGS

at 5:30pm with Emily

***THIS IS NOT A BEGINNER CLASS**

***NO CELL PHONES ALLOWED DURING CLASS**

\$102 YMCA Members

\$127 Community Members

Register at Front Desk, Class meets at Fitness desk



TWIN LAKES FAMILY YMCA FITNESS

WOMEN'S WEIGHT TRAINING

JUNE 2 - JULY 13, 2019

program meets 2 times a week for 6 weeks
unless you choose the Tues single class option.

- 10:30am - 11:30am
Mondays and Wednesdays with Marne
- 8:30am - 9:30am
Tuesdays and Thursdays with Emily
- 5:30pm-6:30pm
Tuesdays and Thursdays with Emily

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 (19FIT)

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY