



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# START STRONG STAY STRONG



## TEEN STRENGTH TRAINING TWIN LAKES FAMILY YMCA

While appropriate for ages 12-16 yrs, our Personal Trainer will focus on an intro to basic weight training. The teens will learn to work specific muscles groups to improve overall health, energy and self confidence. They will be doing some fun cardio training and core strengthening while learning healthy habits to maintain a healthy lifestyle.

**FALL SESSION ONE**  
**SEPT 10 - OCT 19, 2018**



**Tuesdays and Thursdays**

**5:30 - 6:30pm**

Meet at the Fitness Desk

**\$102.00 YMCA Members**

**\$127.00 Community Members**

**REGISTER AT THE MEMBERSHIP DESK**

# TWIN LAKES FAMILY YMCA FITNESS

## TEEN STRENGTH TRAINING

**Sept 10 - Oct 19, 2017**

program meets 2 times a week for 6 weeks

5:30 -6:30pm -Tuesdays and Thursdays  
with Jessica

### 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 (18FA1)

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY