



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FITNESS

PREPARATION

TEENS IN TRAINING
HUTTO FAMILY YMCA

TNT SUMMER ½ DAY CAMPS

Campers will learn the skills needed to use the main fitness floor with a supervising parent.

Trainers will touch on proper body mechanics and basic body weight exercises in addition to fun games.

Session 1: Friday, June 14, 8am – 12pm

Session 2: Friday, July 19, 8am – 12pm

Campers will have a 30 minute lunch break.

(students will need a sack lunch, water bottle and towel)



- Teens n' Training (TNT) is a teen fitness program that teaches participants (9- 13 yrs) the proper use of our fitness equipment, proper etiquette, form and nutrition.
- Private TNT Sessions are 1.5 hours in length and Camps are 4 hours long. Participants who pass the course, will be allowed to workout with a parent/ guardian on the fitness floor.
- Program is only open to YMCA members and is \$40.00 per teen.
- Participants must successfully pass the TNT test upon completing the session/camp.
- **QUESTIONS?** You can contact the HUTTO FamilyYMCA Membership desk at 512-846-2360 for details and to register.

HUTTO FITNESS PROGRAMS

TNT – SUMMER 2019

Select Session - \$40.00 Each

Session 1 Camp (19TNTSC1)

Friday, June 14

8:00am – 12:00pm

Session 2 Camp (19TNTSC2)

Friday, July 19

8:00am – 12:00pm

Private TNT - \$51.00

SCHEDULE APPOINTMENT AT THE FRONT DESK AT CHECK OUT.

GENERAL INFORMATION

- Students should arrive 5-10 minutes before session to ensure the session starts on time. ____ (int.)
- Student must wear appropriate gym clothes and shoes at all times (no sandals, flip flops). ____ (int.)
- Students may not be on equipment unless instructed to do so by TNT instructor. ____ (int.)
- Students must attend all classes to be TNT certified. ____ (int.)
- Students must pass a written test at the end of the session. ____ (int.)
- No refunds for classes missed. ____ (int.)

PARENT NAME _____ YMCA ID # _____

PARTICIPANT'S NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ ALT. PHONE NUMBER _____

EMERGENCY CONTACT NAME _____ PHONE _____

ANY ADDITIONAL INFORMATION YOUR INSTRUCTOR/TRAINER SHOULD KNOW... _____

Waiver for Medical Treatment: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

Waiver for Participation: I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, 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 Y facilities or participation in any Y activity, whether located on Y property or not.

Waiver for Photo / Video / Audio Release: I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

Change / Cancellation / Refund Policy: I understand that changes / cancellations / refunds are not permitted under Y policy. Policy details are available at the Member Services Desk.

Additional Notes: Financial assistance is available for all those who qualify. For any questions or concerns, please contact the HUTTO front desk at 512-846-2360.

Signature _____

Date _____

YMCA STAFF USE ONLY

YES or NO

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY	ADDED IN ACTIVTRAX?