

Hearty Habits



A community of individuals building relationships and health together

Details

This weekly class supports healthy habits to overcome or prevent heart and lung disease. The program is designed and supported by experts with Ascension Seton and the YMCA.

Come move, eat, and learn together with us!

Time: Tuesdays from 12 - 1:20 PM

Location: YMCA in Burnet

Cost Monthly: \$20 member
\$30 non-member

Cost One Time: \$10 drop in fee

Financial assistance is available

Come try the first session for free!



For more information:

For additional information, to apply for Financial Assistance, or to register for this program, contact:

YMCA of the Highland Lakes

Front Desk
1601 S Water St.
Burnet, TX 78611

(512) 756-6180



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Ascension

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Gender: M / F Age _____ Birthdate: _____
Email: _____
Home Phone: _____ Cell Phone: _____

PERMISSION FOR TRANSPORTATION: The YMCA Staff has my permission to transport to and from program location in the event of an emergency. I understand reasonable precautions will be taken to ensure my safety and supervision.

MEDICAL WAIVER: In the event that I require emergency medical treatment and I 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 for any and all necessary medical treatment if I require the attention of a physician.

DOCTOR'S NOTE WAIVER: I understand that if I have a pre-existing condition, that I am required to provide a Doctor's Note releasing me for activity before participating in any Hearty Habits programs.

I do not have any preexisting conditions and thus will not require a doctor's note. _____ Initial

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 to be taken while involved in YMCA programs to be used for future YMCA promotions or display.

ACKNOWLEDGEMENT: I am obligated to disclose significant, medical, or physical issues at the time of enrollment and an ongoing basis. This is to acknowledge that I have read and agree to the above information. Initial _____

Signature _____ Date: _____