

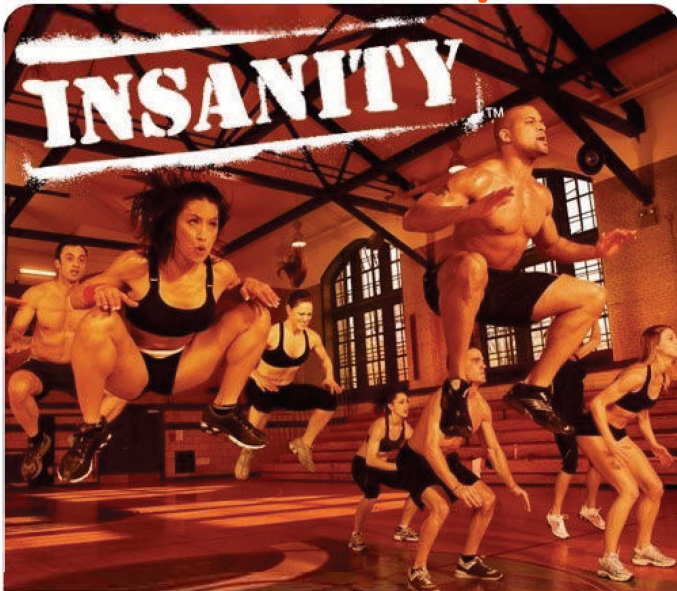
HUTTO FAMILY YMCA

HIIT

HIGH INTENSITY INTERVAL TRAINING

HIIT, or high-intensity interval training, is a training technique in which you give all-out, one hundred percent effort through quick, intense bursts of exercise, followed by short, sometimes active, recovery periods. This type of training gets and keeps your heart rate up and burns more fat in less time.

INSANITY w/Stacy
WEDNESDAYS, 8:30am
30 minute format
\$ 10 Monthly



YFIT w/Leah
WEDNESDAYS, 6:30pm
60 minute format
\$20 Monthly



WOMEN'S HIIT w/Jane
THURSDAYS, 12:15pm
30 minute format
\$ 10 Monthly



HUTTO FAMILY YMCA
200 Alliance Blvd
HUTTO, TX 78634
512-846-2360
ymcagwc.org

**30 Minute Formats are \$ 10
a Month for
UNLIMITED CLASSES**



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HUTTO FAMILY YMCA

19FIT

FITNESS PROGRAM REGISTRATION FORM

HIIT/INSANITY \$10 MONTHLY MEMBER ONLY	<input type="checkbox"/> SEPTEMBER <input type="checkbox"/> OCTOBER
YFIT \$20 MONTHLY MEMBER ONLY	<input type="checkbox"/> SEPTEMBER <input type="checkbox"/> OCTOBER

MEMBER DROP IN: \$10.00

NAME _____ YMCA ID# _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIMARY PHONE _____ ALT PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

ANY ADDITIONAL INFORMATION YOUR INSTRUCTOR/TRAINER 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

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY