



FITNESS

PREPARATION

TEENS IN TRAINING
CHASCO FAMILY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TNT PRIVATE SESSIONS

- 1.5 HOUR SESSION WITH A TRAINER
- Siblings may take the class together
- \$51 per member with a sibling discount of 50% off



- 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.
- 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.
- Receive the same perks in less time! Private TNT sessions are available upon request for \$51.00.
- Participants must successfully pass TNT test upon completing their session/camp.
- **QUESTIONS?** You can contact the CHASCO Family YMCA Membership desk at 512-615-6511 for details and to register.

CHASCO FITNESS PROGRAMS

TNT – SUMMER 2019

Private TNT - \$51.00

50% SIBLING DISCOUNT

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 _____

SIBLING 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 CHASCO front desk at 512-615-5511.

Signature

Date

YMCA STAFF USE ONLY

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY
ADDED IN AT? Y or N	APPT DAY/TIME:		TRAINER: