



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Tuesdays
at 9:45am
OR
Wednesdays at 9am
Class is 30
minutes

GET TIGHTER MORE DEFINED ABS! KILLER CORE CLASS TWIN LAKES YMCA

Use your own body weight, cables and machines to build your core strength and tone your abs! This is a 30-minute muscular endurance workout for your abdominal and lower back muscles. Come get shredded!

SPRING 1: Feb 24-April 10, 2020

SPRING 2: April 13-May 22, 2020



Twin Lakes Family YMCA

204 E Little Elm Trail
Cedar Park, TX 78613
512-250-9622

TWIN LAKES FAMILY YMCA

KILLER CORE

Spring 1: Feb 24 - April 10, 2020 Spring 2: April 13 - May 22, 2020
(no class the week of Spring Break)

program meets once a week for 30 minutes

9:45 - 10:15am - Tuesdays with Emily

9:00 - 9:30am - Wednesdays with Emily

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 (2OSP1, 2OSP2)

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY