

## YMCA SPORT SPECIFIC TRAINING T













| Sport:   | <br> | <br> |  |
|----------|------|------|--|
| Trainer: | <br> | <br> |  |

| Name of Participant  | Age   | Male / Female (circle one)        |  |  |  |  |
|--|---|-----------------------------------|--|--|--|--|
| Name of Parent or Guardian   |   |                                   |  |  |  |  |
| Address  |   |                                   |  |  |  |  |
| Telephone (work) (ho   | ome)  | (cell)                            |  |  |  |  |
| Parent/Guardian email address  |   |                                   |  |  |  |  |
| Medical/Physical condition(s) or limitation(s) the   | at we should know about:  |                                   |  |  |  |  |
| Emergency Contact person if parent or guardian is not available:   |   |                                   |  |  |  |  |
| Name   | Phone   |                                   |  |  |  |  |
| CHOOSE ENROLLMENT SESSION(S):  GROUP SESSION   |   |                                   |  |  |  |  |
| PRIVATE SESSION  One person. Schedule arranged with trainer.  ☐ One 75 minute session  \$45  | One 75 minute session  2 People  3+ People                      | \$35 ea<br>\$30 ea                |  |  |  |  |
| FOUR PRIVATE SESSIONS One person. Schedule arranged with trainer.  Four 75 minute sessions \$140   | GROUP SESSIONS: 4 Four 75 minute session ☐ 2 People ☐ 3+ People | \$125 ea                          |  |  |  |  |
| FRONT DESK / OFFICE USE ONLY   | <u>DAXKO</u> : "SPOR  | TS SPECIFIC PERFORMANCE TRAINING" |  |  |  |  |
| PAYMENT RECEIVED (TOTAL): \$   | Payment Taken By:   | Date:                             |  |  |  |  |
| INFORMED CONSENT/WAIVER FOR YOUTH UNDER AGE 18   |   |                                   |  |  |  |  |
| PARENT/GUARDIAN AGREEMENT: I hereby certify that is in normal health and capable of participating safely in the YMCA Youth Fitness Training program. I understand that the purpose of the exercise program is to develop and maintain muscular strength, flexibility and endurance. I agree to assume the risk of such exercise and agree to hold harmless the YMCA and its staff members conducting the YMCA Youth Fitness Training program from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the exercise program.  I authorize the YMCA to secure emergency medical treatment for my child under the following conditions:  1. an emergency or unanticipated condition necessitates immediate action for the preservation of the life or the health of the child (and) |   |                                   |  |  |  |  |
| 2. reasonable attempts to contact me have failed.  Signature of Parent/Guardian  | Date  |                                   |  |  |  |  |
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