

# FITNESS PREP

## Teens-in-Training

### CURRENTLY ONLY OFFERING PRIVATE TNT APPOINTMENTS

REGISTER AT THE FRONT DESK, SIBLINGS MAY TAKE THE CLASS TOGETHER.

**\$55 per participant with 50% off Sibling discount for 2nd child,**

**\$10 for any additional child after 2**

- 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.
- Participants who pass the course, will be allowed to workout with a parent/guardian on the fitness floor.
- Participants must successfully pass TNT test upon completing their one and a half hour session.
- **QUESTIONS?** You can contact Member Services Desk for details and to register.

CHASCO Family YMCA 512-246-9622  
Hutto Family YMCA 512-846-2360  
ymcactx.org



# TNT Registration Form

## Private TNT - \$55

\*\*Schedule appointment at the front desk at check out.  
(50% off Sibling discount for 2nd child, \$10 for any additional child after 2).

### GENERAL INFORMATION

- Students should arrive 5-10 minutes before class to ensure class 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.)
- No refunds. \_\_\_\_ (int.)
- Students MUST pass TNT Test at the end of their TNT session. \_\_\_\_ (int.)

PARTICIPANT'S NAME IF UNDER 18 YRS \_\_\_\_\_ 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 Member Services Desk.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### YMCA STAFF ONLY

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY