

## PRIVATE THE APPOINTMENTS

REGISTER AT THE FRONT DESK, SIBLINGS MAY SCHEDULE A SESSION TOGETHER.

\$55 per participant

- 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 hour session.
- **QUESTIONS?** You can contact the Twin Lakes Family YMCA Member Services Desk at 512-246-9622 for details and to register.



# **TWIN LAKES FAMILY YMCA**

## **TNT**

#### Private TNT - \$55

Select a trainer and preferred time below. Someone will contact you within 48 hours to schedule your appointment.

### **SELECT TIME & DATE PREFERENCE (CIRCLE ALL THAT APPLY)**

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

EARLY AM (5-7AM) AM (7-11AM) AFTERNOON (TTAM-4PM) PM (4-7PM) EVENINGS (7-3PM)						
SELECT YOUR TRAINER						
☐ Stephanie Swenson 773-780-8877	☐ Jaime Johnson 512-293-2963	☐ Sharon Zambriski-Cooper 512-608-2474	☐ Amy Renfroe 512-825-0484	☐ Jana Seitz 512-658-0502	☐ Donald Pleasant 512-630-1482	□ Kelly Klipec 512-809-0571
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GENERAL INFORMATION						
Students should arrive 5 minutes before their session with a parent to complete paperwork (int.)						
<ul> <li>Student must wear appropriate gym clothes and athletic shoes at all times (no sandals, flip flops or crocs).</li> <li>(int.)</li> </ul>						
Students may not be on equipment unless instructed to do so by TNT instructor (int.)						
No refunds (int.)						
PARTICIPANT'S NAME DOB Member #						
ADDRESS			CITY	S	TATE Z	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.						
<b>Additional Notes:</b> Financial assistance is available for all those who qualify. For any questions or concerns, please contact the Twin Lakes Member Services Desk 512-246-9622.						
SIGNATURE			DATE			
YMCA STAFF ONLY						

PAID AMOUNT

PAYMENT VERIFIED BY

STAFF NAME

DATE