



FITNESS PREP

Teens in Training

PRIVATE TNT 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.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Twin Lakes Family YMCA
204 E. Elm Trail
Cedar Park, TX 78613
ymcactx.org

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 (11AM-4PM) PM (4-7PM) EVENINGS (7-9PM)

SELECT YOUR TRAINER

<input type="checkbox"/> Stephanie Swenson 773-780-8877	<input type="checkbox"/> Jaime Johnson 512-293-2963	<input type="checkbox"/> Sharon Zambriski-Cooper 512-608-2474	<input type="checkbox"/> Amy Renfroe 512-825-0484	<input type="checkbox"/> Jana Seitz 512-658-0502	<input type="checkbox"/> Marissa Kusmierczyk 903-815-2295	<input type="checkbox"/> Donald Pleasant 512-630-1482	<input type="checkbox"/> Kelly Klipec 512-809-0571
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GENERAL INFORMATION

- Parent should arrive with student 5 minutes before their session with a parent to complete paperwork. ____ (int.)
- Student must wear appropriate gym clothes and athletic shoes at all times (no sandals, flip flops or crocs). ____ (int.)
- 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 _____ 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.

24-HOUR CANCELLATION POLICY: If you must cancel your session, you must contact your trainer directly—**cancellations cannot be handled at the Member Services Desk.** If you are late for a session or do not show up, you will be charged for that session. Additionally, a session starting late will end at the original scheduled 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 Twin Lakes Member Services Desk 512-250-9622.

SIGNATURE _____ DATE _____

YMCA STAFF ONLY

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY
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