

## PAYMENT INFORMATION

Season runs from June 13-August 10

- Tuesday 7:15-8:00pm & Thursday 12:00-12:45pm
  
- Members \$50/season first child; \$30/season each additional child
- Non-Members \$55/season first child; \$35/season each additional child

Amount Due: \_\_\_\_\_

- CASH
- CHECK
- CREDIT (circle one) VISA/MC # \_\_\_\_\_ EXP \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



# GROWING STRONGER TOGETHER

TEEN SYNRGY  
SUMMER 2017

WILSON FAMILY YMCA



3436 Airport Blvd  
Wilson, NC 27896  
252-291-9622  
wilsonymca.org

# TEEN SYNRGY

This class provides teens with a great workout as they move through a series of stations on our Synrgy equipment designed to elevate their heart rate and challenge their muscles. Circuit training is a quick way for the beginner to get in shape fast and for the athlete to increase strength and stamina. Class may be modified for all levels of fitness.

**SEASON** June 13-August 10

Tue – 7:15-8:00pm, Thu – 12:00-12:45pm

## FEES

**Members** \$50/season first child

\$30/season additional child

**Non-Members** \$55/season first child

\$35/season additional child

**No classes will be held the week of July 4<sup>th</sup>.**

**LIMITED TO 15 TEENS**

## TEEN SYNRGY REGISTRATION FORM

Participant's name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ YMCA Member? Y / N

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contacts (in addition to Parent/Guardian)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: Please list ALL known medication, food and other allergies.

\_\_\_\_\_

Medications: Please list ALL medications being taken and ALL dietary restrictions.

\_\_\_\_\_

Has Participant had all of his/her required immunizations?  Yes  No

### Participant's Agreement and Parent Waiver

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the Wilson Family YMCA (hereinafter referred to as "Y") allowing my child to participate in Y activities, I understand and expressly acknowledge that when he/she uses the Y facility or program, they do so at their own risk. I understand that the Y will make every effort to contact me in case of an emergency pertaining to my child. If I am unable to be reached, the Y will try to contact an alternate adult listed on the registration form. The Y has my permission to secure medical attention for my child in the event of an emergency. I release the Y, its staff, directors, officer and agents from all liability for any injury or damage connected in any way whatsoever to participation in Y activities, whether on or off Y premises. I understand that this release indicates, but is not limited to, any claims based on negligence, action, or inaction of the Y, its staff, directors, officers, members, agents, representatives or guests. I authorize the staff of the Y, or appropriate medical personnel, to administer emergency medical treatment to my child or me. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore, I agree and grant permission to the Y to use photographs or video of my child or me in Y brochures, flyers, photo collections and other marketing initiatives. I agree that only the adults on this form are allowed to remove my child from the Y program unless I notify the Y in writing. Under no circumstances will phone call authorizing child pick-ups be accepted at any time. I have read, understood and voluntarily signed this agreement.

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