



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TRAINER CONDITIONING BOOT CAMPS

GRAND PRAIRIE FAMILY YMCA

MORNING MADNESS
5:15AM-6:00AM
Mondays, Wednesdays,
AND NOW FRIDAYS!

Boot Camp is an energetic, high intensity workout that is always changing. Some classes use no equipment, while others integrate more equipment. Boot Camp focuses on cardio and strengthening and will make you feel like a champion!

**Registration due prior
to the 1st of the month**
Members \$35
Non-members \$55
Must be 18 years or older



GRAND PRAIRIE FAMILY YMCA

4556 S. Carrier Pkwy., Grand Prairie, TX 75052, P 972 642 9632, www.grandprarieymca.org

Mission: To put Christian values into practice through programs that build healthy spirit, mind and body for all.

Grand Prairie Family YMCA Boot Camp

SESSIONS:	
<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> June	<input type="checkbox"/> December

How did you hear about the program?

Participant's Name _____ DOB _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Please include any additional information we should know about you and your health: _____

Health Screening Questionnaire

Congratulations on making your health and wellness a priority. We are honored to have the opportunity to serve you through our YMCA Extreme Boot Camp program. To ensure safety and program quality, please answer the following three questions. A yes to any question will require medical clearance from your physician prior to participation.

- | | | |
|--|-----|----|
| 1. Do you know of any reason why you should not exercise? | Yes | No |
| 2. Do you experience acute pain during physical activity? | Yes | No |
| 3. Has your physician recommended any physical activity limitations? | Yes | No |

By my signature and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, costs or expenses arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible. By my signature I acknowledge that I have been given information to read with regards to other YMCA policies.

Signature

Date

To Be Completed By Staff

Member #: _____

Staff: _____

Amount Paid: _____

Receipt Number: _____

Payment Type: Cash Check (#_____) MC VISA Disc AmEx