

# MODIFIED MOVES MAXIMUM RESULTS



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ENHANCE®FITNESS

### HARRISON FAMILY YMCA

Enhance®Fitness is geared toward older adults of all fitness levels. **If you have a chronic condition, such as arthritis, you may be able to gain more strength and independence.** You will feel energized- physically, mentally and socially- and be surrounded by people who care. Participants move at their most comfortable pace and are never pushed to do more than they can handle. Each class is taught by a certified instructor and focuses on cardiovascular endurance, strength, flexibility and balance.

#### 16 week program sessions

1st session: January 7<sup>th</sup> - May 2<sup>nd</sup>

\*16-week sessions will continue following this session. Dates will be released before the end of this first session.

**Mondays, Tuesdays, Thursdays, & Fridays 11:30-12:30 p.m.**

**In Multi-Purpose Room**

### CLASS SEGMENTS

warm-up

movement to fun music

cool-down

strength training

stretching

\*Instructors also incorporate exercises that improve balance.

### MEASURING SUCCESS

At the beginning of each session, participants will complete three fitness assessments to establish baselines. Those assessments are repeated at the end of the 16 weeks to measure progress.

### FEES & REGISTRATION

Y Members: FREE

Community Members: \$50/16-week session

\*All must register in advance at the front desk or online.

#### HARRISON FAMILY YMCA

1000 Independence Drive Rocky Mount, NC

P 252 972 9622 F 252 972 3580 [www.harrisonfamilyY.org](http://www.harrisonfamilyY.org)



# REGISTER HERE!

Participant First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

**WAIVER OF LIABILITY:** I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

**Signature**

\_\_\_\_\_

Date \_\_\_\_\_