



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BECOME YOUR BEST SELF

T-N-T (TEENS IN TRAINING)

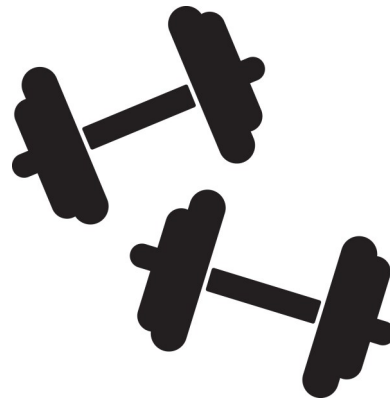
HARRISON FAMILY YMCA

T-N-T motivates youth in a non-competitive atmosphere to become their personal best. Participants in this 2-session program meet with an instructor and receive information on how to carry out a safe, effective exercise program. Instruction for healthy nutrition and proper use of cardio and Cybex area equipment are included. Participants complete both a written and practical exam to be eligible for Graduation.

Ages:
10-14
Location:
Harrison Family YMCA

Cost:
\$10 per participants
NOTE: T-N-T is scheduled by individual appointment and a 24 hour cancelation notice is required. No-shows will be charged \$10.00.

T-N-T Youth Policy:
Following successful completion of this program, youth 10-12 years old must be supervised by a parent or guardian over the age of 18 while using the Cybex equipment. Youth 13-14 years old may use the Cybex area unsupervised for no more than two hours per day.



T-N-T/Teens in Training Registration Form

Participant's Name _____ Date of Birth _____
Address _____ City/Zip _____
Home Phone _____ Parent/Guardian Name _____
Parent/Guardian Home Phone _____ Parent/Guardian Work Phone _____
Emergency Contact Name _____ Phone Number _____

I understand and agree that neither the 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.

Participant's Signature _____ Date _____