



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



**BUILD STRENGTH
AND CONFIDENCE!**

T-N-T (TEENS IN TRAINING)

HARRISON FAMILY YMCA

Get ready for our **NEW and IMPROVED** Teens In Training Program! T-N-T motivates youth in a non-competitive atmosphere to become their personal best. Participants in this 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 strength equipment are included. Participants complete both a written and practical exam to be eligible for Graduation.

Ages: 10-14

Cost: \$10 per participant

When:

1st & 3rd Saturdays of each month from 11am - 1pm.

- 11 - 12pm will be a classroom session in the Teen Center
- 12 - 1pm will be upstairs learning the equipment

*A 24 hour cancellation notice is required.

*No-shows will be charged \$10.

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 strength equipment. Youth 13-14 years old may use the strength area unsupervised for no more than two hours per day.

HARRISON FAMILY YMCA
1000 Independence Drive Rocky Mount, NC 27804
P 252 972 9622 www.harrisonfamilyY.org

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 _____