



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STRONG WOMEN UNITE Women on Weights "WOW" HARRISON FAMILY YMCA

Interested in learning more about free weights and how to incorporate them into your workouts? Then Women on Weights (WOW) is perfect for you!

This small-group beginner to intermediate program teaches women proper weight-lifting etiquette, technique and routine. The goals of Women on Weights are to assist women in improving their posture, increasing their strength, and losing body mass. You'll see positive transformation to your body, and you will get stronger.

Classes are taught by certified personal trainers.

4 WEEK PROGRAM

May 1st - 23rd

WHEN DO WE MEET?

Wednesdays from 9 a.m. - 10 a.m. OR
Thursdays from 5:30 p.m. - 6:30 p.m.

FEE

\$50

*Registration is required online at harrisonfamilyY.org or at the front desk

*Must pick a day and attend that same day each week

*4 participants/session maximum

*Must be 15 years of age or older to participate

*Must be a YMCA Member

HARRISON FAMILY YMCA

1000 Independence Drive Rocky Mount, NC 27804

P 252 972 9622 www.harrisonfamilyY.org

REGISTER HERE!

Participant First and Last Name _____

D/O/B _____

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

PLEASE CHECK YOUR SESSION OF CHOICE

Wednesdays from 9 a.m. - 10 a.m. OR

Thursdays from 5:30 p.m. - 6:30 p.m.

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.

Participant's/Parent's Signature (parent signature required if age 17 or under)

Date _____