



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TEEN IN TRAINING

This course will give your child hands on instruction covering proper biomechanics on select machine usage, free weights and cardiovascular equipment operation. We will give you the foundation and knowledge to create a safe and comprehensive fitness program.

\*Youth ages 11-14 must successfully complete this course before accessing the YMCA Fitness Center. This program is approximately 1 hours in length and the class size is limited to no more than 5 participants. Class dates/times will be determined based upon the instructor availability schedule.

Members Only

## TEEN IN TRAINING REGISTRATION FORM

Please complete a separate form for each child.

### PARTICIPANT INFORMATION

Teen's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

M  F

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle One

YMCA Family Membership

YMCA Teen Membership

YMCA Youth Membership

## PARENT/GUARDIAN INFORMATION

1st Parent/Guardian Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

2nd Parent/Guardian Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

## EMERGENCY CONTACT(S)

OTHER THAN PARENT/GUARDIAN(S) AUTHORIZED TO PICK UP CHILD (these individuals will be required to present identification):

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

## PERMISSION IS GIVEN TO THE YMCA FOR THE FOLLOWING:

I hereby certify that this form is complete and accurate, and the participant has permission to engage in all activities unless otherwise specified in writing. I understand the YMCA OF CORSICANA assumes no responsibility for injuries or illnesses which my child may sustain as a result of participation in athletics. I understand that there is a risk of injury while participation in physical activity and I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of participation in the activity. Photo Release: I give permission for the use of photographs of my child in publications and/or websites.

Parent Signature: \_\_\_\_\_

## SPECIAL NEEDS

Are there any special medical conditions, special needs, or restrictions to be aware of? Please list: