



Family Fitness

We build strong kids, strong families, strong communities.



Have fun exercising as a family! We now offer a specialized program that proves that exercise can be enjoyable and beneficial for all. Bring health and wellness to everyone while learning exciting methods and techniques that will engage the entire family with everyday exercise. Come out and strengthen your family bonds while strengthening each other.

*Child must be accompanied by adult 18 years of age or older.

*Families may include up to four members

Session Dates

July 1st—August 1st

Friday Evenings: 6:00 - 6:45

Prices

Family Member: \$25

Family Non-Member: \$40

*Price includes all family members.



DeVos-Blum Family YMCA * 9600 South Military Trail * Boynton Beach, FL 33436 * TEL: 561.738.9622 * FAX: 561.738.6055

The YMCA of South Palm Beach County's mission is to put Christian principals into practice through programs that build healthy spirit, mind and body for all.

Family Fitness

Registration Form				
Participant's Names	1)	2)	3)	4)
Date of Birth				
Gender				
Address				
Contact Phone				
Emergency Contact Name(s)				
Emergency Contact Number(s)				

Have you or anyone of your family members experienced any of the following?

A heart condition that requires only a medically supervised activity:	YES	NO
Chest pain brought on by physical activity or respiratory conditions:	YES	NO
Any occasions of lost consciousness or falling over as a result of dizziness:	YES	NO
Any bone or join problems that could be aggravated by the proposed physical activity:	YES	NO
Has a doctor ever recommended medication for your blood pressure or a heart condition:	YES	NO
Any awareness through your own experience or a doctor's advise of any other physical reason that would prohibit you from exercising without medical supervision:	YES	NO

If you answered yes to any of the previous questions please state the name of the family member and explain thoroughly:

I understand that even when every reasonable precaution is taken, accidents may sometimes occur. Therefore, in exchange for the YMCA allowing my child(ren) to participate in YMCA activities, I understand and expressly acknowledge that when my child(ren) attend(s) the YMCA of South Palm Beach County facilities or programs, we do so at our own risk. I release the YMCA, its staff members, directors, officers and agents from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, officers, members, agents, representatives or guests. I have read the above and reverse form and grant permission for my child(ren) _____ / _____ / _____ to participate in all activities provided by the YMCA of South Palm Beach County, and for the use of photographs of my child(ren) in YMCA brochures and photo collections. I authorize the staff of the YMCA of South Palm Beach County, or appropriate medical personnel, to administer emergency medical treatment to my child(ren). I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. I have read, understand and am voluntarily signing to this agreement.

Parent/Guardian Signature: _____

Date: _____

Refund Policy

- Sessions may be cancelled if there are less than 6 children enrolled in the program
- No refunds or make-ups are given for missed clinics
- Credits may be issued for medical reasons only, with a physicians note
- No make-ups for incimate weather
- No prorating of sessions