



Fitness Camp

We build strong kids, strong families, strong communities.

Morning Fitness Camp

**Tuesdays &
Thursdays**

**6:00am-7:00am
July 1—August 1**

Afternoon Fitness Camp

**Tuesdays &
Thursdays**

**11:30am-12:30pm
July 1—August 1**

Night Fitness Camp

**Tuesdays &
Thursdays**

**6:00pm-7:00pm
July 1—August 1**

**Please mark which class you will be attending.

4 WEEK FITNESS CAMP SESSION
Members \$40 Non-Members \$65

Fitness Camp is a results-driven conditioning program that runs twice weekly, at 60 minute durations per session.

It is conducted in an outdoor environment, utilizing a military-style format, coupled with the most progressive, innovative, and creative exercises in fitness.

Fitness Camp is also a great way to get individualized attention while learning to enhance your health and perfect your routine. It consists of a small group of individuals that have the same interests in fitness.

No cell phones please.

For more information contact Jason Reid at 561-536-1401 or JReid@ymcaspbcc.org



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.

Fitness Camp

Registration Form

Participant Name:

DOB:

Address:

Phone:

() _____

Alt. Phone:

() _____

**Is this your first boot camp
class?**

Yes No

Par -Q -Answer Yes or No

____ 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?

____ 2. Do you have chest pain brought on by physical activity?

____ 3. Have you developed chest pain in the past month?

____ 4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?

____ 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
If so, what _____

____ 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?

____ 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?
If so, why _____