

Registration/Refund Policy

- No refunds or make-ups are given for missed classes.

I understand that the YMCA of South Palm Beach County, Inc. assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition, or from my participation in any athletic activity, sports program, use of equipment, exercise or other activities. I expressly acknowledge, on behalf of myself and my heirs, that I will assume the risk for any and all injuries and illness that may result from participation in these activities. I hereby release the YMCA of South Palm Beach County, Inc., its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of South Palm Beach County, Inc. is not responsible for personal property, lost or stolen, while members and/or program participants are on the premises.

Signature Parent / Guardian

Date

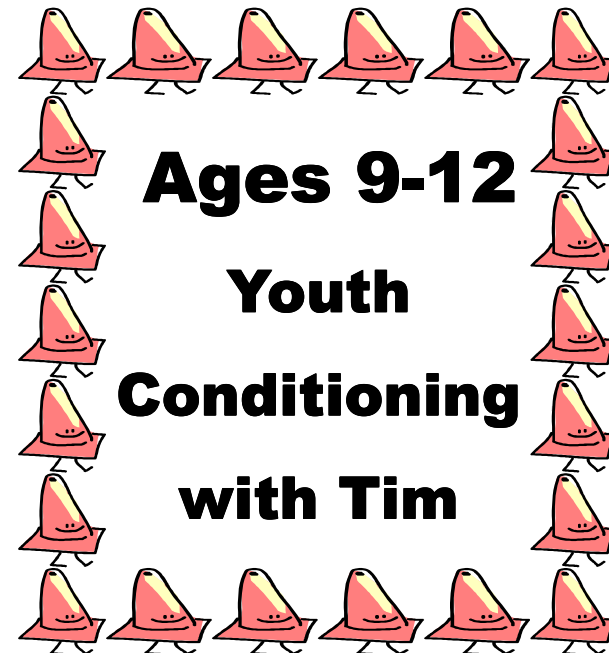
Print Name of Parent / Guardian

Guardian signature required for children under 18 years of age.

Our Commitment:
We believe that YMCA programs should be available to everyone who wants to participate. Through the generosity of YMCA friends, we provide scholarships for those who need financial assistance.

YOUTH™

We build strong kids, strong families, strong communities.



Ages 9-12
Youth
Conditioning
with Tim

**DeVos-Blum Family YMCA
of Boynton Beach
9600 Military Trail
Boynton Beach, FL 33436
Contact:
Tim Cleavenger
(561) 536-1400**

Mission Statement:
To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

	Class	Time
April 7th, 9th, 14th, 16th, 21st, 24th	Monday & Wednesday Evenings	4:45 - 5:30
May 5th, 7th, 12th, 14th, 19th, 21st	Monday & Wednesday Evenings	4:45 - 5:30
June 9th, 11th, 16th, 18th, 23rd, 25th	Monday & Wednesday Evenings	4:45—5:30

Cost: \$25 per month

The youth conditioning program is designed to incorporate aerobics, strength, power, speed, and agility to increase physical activity and performance in any sport. Children in the program do not have to necessarily play sports or have any particular skill. Participants will be enthusiastically encouraged and motivated to raise self esteem and desire for physical activity and athletics.



Demographic sheet: must be filled out prior to the 1st session.

**Exercise Information
(Yes or No for each question)**

1. Does your child frequently have pain in his/her heart or chest? _____
2. Do your child often feel faint or have spells of severe dizziness? _____
3. Has your doctor ever said that your child's blood pressure was too high? _____
4. Has your doctor ever told you that your child has a bone or joint problem? _____
5. Has your doctor ever said that your child has heart trouble? _____
6. Is there any good reason not mentioned here why your child should not follow an activity program even if you wanted to? _____

Please circle any of the following Health Conditions your child has experienced:

Abnormal heart beat	Joint replacement
Diabetes	Epilepsy or seizures
Current heart murmur	High cholesterol
High blood pressure (140/90 or above)	
Back problems	Asthma (exercise induced)
Other _____	

Is your child on any medication? If so what:

Physician's Name:

Phone:

Registration Form

Participant Name:

DOB:

Age:

Weight:

Address:

City:

Zip Code:

Phone:

() _____

Alt. Phone:

() _____

Emergency Contact:

Phone:
