

## Registration/Refund Policy

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 Participant**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Name of Participant**

\_\_\_\_\_

**Guardian signature required for  
Children under 18 years of age**

**DeVos-Blum Family YMCA  
of Boynton Beach  
9600 Military Trail  
Boynton Beach, FL 33436  
561-738-9622**

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

# YHEALTH & WELLNESS

We build strong kids, strong families, and strong communities.

## **BOOT CAMP SUMMER 2008**



Boot 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.

Boot 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.**

## Registration Form

Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

( ) \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

( ) \_\_\_\_\_

Is this your first boot camp class?

Yes

No

### ***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.*

## Boot Camp Session Packages

### **Member/Non-Member Prices**

**\$55/\$75  
per 6 week session**

***Please mark which class  
you are taking.***

**Morning Boot Camp  
Mondays and Fridays**

**8:00-9:00 AM**

**June 23rd– August 1st**

**Day Boot Camp  
Tuesdays and Thursdays**

**12:00-1:00 PM**

**June 24th– July 31st**

**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 \_\_\_\_\_

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

Date: \_\_\_\_\_