

REGISTER HERE

PLEASE PRINT LEGIBLY.

PARTICIPANT FIRST & LAST NAME

D/O/B _____ AGE _____

Gender (Check one) Male Female Unspecified

Address _____

State _____ City _____ Zip _____

Phone # _____

Contact Person Information:

*all communications will be sent to the following:

Name _____

Phone _____

Email _____

D/O/B _____

I hereby consent to participate in this program and agree to release the Foundation YMCA, Inc. from any claims that may arise from injuries suffered while participating in the program. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR MORE INFORMATION
PLEASE CONTACT

David Caudle
dcaudle@wilsonymca.org

BUILD STRENGTH
& CONFIDENCE

Teens in Training (TNT)

FOUNDATION YMCA



FOUNDATION YMCA
233 NASH STREET N
WILSON NC, 27893
252-291-9622

TEENS IN TRAINING PROGRAM

Teens in training motivates youth in a non-competitive atmosphere to become their personal best. Participants in this program meet with an instructor and receive information on how to carry out a safe, effective exercise program. Instruction for proper use of cardio and strength equipment are included.

TNT YOUTH POLICY

Following successful completion of this program, youth 10-12 years old may use the track and Fitwize weight area and cardio area with an adult 18+. Ages 13-14 may use the track, Life Fitness Insignia, Fitwize weight area, and cardio area without an adult for 2 hours. However; children ages 10-14 will not be allowed to use the free weight area. Ages 15+ may use all areas of the wellness floor for 2 hours.

AGES
10-14

WHEN
Our TNT program is offered on Saturday mornings at 9:00am. Please call or stop by our front desk to select a date for your child's TNT Training.

252-291-9622.

Please arrive on time and meet in the front lobby with your child on your selected date for training.

Limit 6 children per session



FOR STAFF USE ONLY

TNT Student Name: _____

Completed Course: Yes No

Date of Completion: _____

Staff Initials: _____

Notes:

