

# FITNESS BOOTCAMP



Bootcamp is an intense cardiovascular and strength training class that will take you to the next level! Our total body workout is designed to reshape your body!



**CHECK OUT OUR  
EARLY BIRD SPECIAL!**

**March 8th –April 17th**

**Early Morning:** Mon/Wed/Fri.  
5:30am-6:45am

**Mid Morning:** Mon/Wed/Fri.  
(Childcare Provided) 9:15am-10:30am

**Evening:** Tuesday/Thursday  
(Childcare Provided) 6:15pm-7:30pm  
Saturday  
8am-9:15am

*Saturday, March 6th*  
Fitness Evaluations 10:00am

or

*Sunday, March 7th*  
Fitness Evaluations 3:00PM

Please wear loose fitting clothes.

**Fitness Evaluations will only be conducted on these days!!!!**



**BOOTCAMP SERGEANTS:** Takeela Reddrick,, Christy Richardson, Marlee Rindal, Corey Dixon, Doris Godette,

**Check Us Out On  
FACEBOOK & TWITTER!**

<b>Members:</b>	<b>Non-Members:</b>
<b>3 Days/Week: \$140</b>	<b>3 Days/Week: \$220</b>

**Early Bird Special: SIGN UP by Feb. 26th & receive \$20 off!!**



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

Visit our Website: [www.ragsdaleymca.org](http://www.ragsdaleymca.org)

Phone #: 336-882-9622

# YMCA FITNESS BOOTCAMP

Session Date: March 8<sup>th</sup> – April 17<sup>th</sup>

## **Calling all COUCH POTATOES or ATHLETES!**

This course is everyone!! You do not need to be in shape to join, as long as you are serious about getting fit and staying in shape, **YOU WILL BE READY FOR FITNESS CAMP**. The YMCA Fitness Camp is based on Discipline, Motivation and Teamwork!

## **Stretching, Balanced Workouts, and Measuring Results**

Each class will begin with a good stretch, followed by a workout, which combines strength agility, cardiovascular, and flexibility workouts. Each class will end with a deep stretch, relaxation and motivational thought. Fitness Assessments will be performed at the beginning and end of the six-week session.

## **What Will I Get Out Of This?**

This six-week session:

INITIAL FITNESS ASSESSMENT  
NUTRITION SEMINAR  
NUTRITION MONITORING: Vitabot: Online Meal Planning  
WEEKLY WEIGHT LOSS SUPPORT  
INCREASE IN:  
    Cardiovascular Endurance  
    Muscular strength and endurance  
    Agility  
    Flexibility  
NEW FRIENDS  
TEAM WORK  
YMCA FITNESS CAMP T-SHIRTS  
MORE . . . . .

Register at the Front Desk

If you have additional questions, please contact Takeela Reddrick at 882-9622 ext. 238



Take Meal Planning to a whole new level!!!

To busy to plan your meals! Let "Vitabot" think for you! This helps you put foods together, not just to balance calories, but to balance vitamins and minerals as well! This approach creates a new and exciting way to look at your foods as well as shifting your focus toward balanced nutrition.

**\*\*Workouts and class types change weekly!!  
Look forward to something new each day! \*\***

# "Power Bootcamp"

**PARTICIPANT INFORMATION** Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female Member or Non-Member

Important Medical Information: \_\_\_\_\_

## **EMERGENCY PHONE INFORMATION**

CONTACT NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_

2<sup>ND</sup> CONTACT NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_

## **RELEASE AND WAIVER OF LEGAL LIABILITY**

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). **You agree that this Release is effective immediately.**

**This is important to you and/or any minor children, so do not sign until you have had your questions answered.** You provide this Release freely, and without duress under the following terms:

- 1) GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
- 2) ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. **You assume the risks:** I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. **Once you sign, you are saying that you understand the risks involved and accept all of the risks.**
- 3) MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. **A)** I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. **B)** I hereby give permission for emergency medical treatment to be administered as deemed appropriate.
- 4) INSURANCE:** YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.
- 5) PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

**HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

\_\_\_\_\_  
Applicant or Parent/Legal Guardian Signature

\_\_\_\_\_  
Date