# LogoLogoYOUNG WOMEN’S CHRISTIAN ASSOCIATION

Cor. Freetown Road and St Thomas Street

Belize City, Belize C.A.

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**YWCA FITNESS CAMPREGISTRATION FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: F M**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (D/M/Y): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(To be completed if applicant is age 16 or under)

WEIGHT**: \_\_\_\_\_\_\_\_\_\_\_\_lb. \_\_\_\_\_\_\_\_\_\_\_\_Kg** BMI **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** HEIGHT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** BP**: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please CIRCLE relevant answer:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payment** | **Mode of Trans.** | **Medical Conditions** | **Exercise Regime** | **Session** |
| Daily - $5.00 | Car | High Blood Pressure | Regularly | July 9th- July 27th, 2012 |
| Weekly- $20.00 | Bus | Cholesterol | Seldom | July 30th- August 17th,2012 |
| Monthly-$60.00 | Bike | Diabetes | Never |  |
|  | Foot | Asthma/ Other |  |  |

* *Classes are Mondays, Tuesdays, Wednesday, and Thursday @ 5:30pm-6:30pm.*
* *Mondays (Cardio/ Aerobics), Tuesday (Water Aerobics), Wednesday (Drills), Thursday (Karate/Kickboxing)*
* ***Incentives*** *are given for the* ***Biggest*** *Weekly/ Monthly/ Overall (Weight)* ***Loser***

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**DISCLAIMER:**

I have read and understand that this fitness Programme is voluntary and not coerced. I understand that any existing conditions would play a part in my acceptance. I also understand that all monies paid are non-refundable and that any injuries sustained is not the fault of the instructor or this institution.

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Signature Witness Date

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**For administration use only**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RCR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Paid**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_