



# BODY BLAST

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Please print information.

Address \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Street Address City & St. Zip Code

Home Phone \_\_\_\_\_ Cell / Business / Phone \_\_\_\_\_

Dates & Times: January 18 – February 17, 2010 on Monday & Wednesday @ 5:30 to 6:20 pm

**CLASS FEE: MEMBERS \$60.00 PROGRAM MEMBERS: \$75.00**

## **MUST REGISTER BY JANUARY 15, 2010**

**Notice: Participants in the YMCA FITNESS CLASSES are not covered by accident insurance. It is advised that you make your own arrangements. I above named candidate wishing to participate in this fitness class hereby release and absolve the Frank P. Phillips Memorial YMCA, sponsors, staff, directors, and participants from any injury arising out of participating in this program. I assure all risk and hazards in this class. I hereby grant permission to the F. P. Phillips YMCA to use photograph and illustration for reproduction in marketing material for the YMCA. This includes print advertisement, printed brochures, presentations, videos, interactive and web-based versions.  
I AM IN GOOD HEALTH AND HAVE NO MEDICAL PROBLEMS.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR YOUR INFORMATION: NO REFUND ON ALL PROGRAMS**

[WWW.COLUMBUS-YMCA.COM](http://WWW.COLUMBUS-YMCA.COM)

# ***BODY BLAST***

HIGH INTENSITY WORKOUT CLASS

DATE: , 2009

DAYS OF WEEK: MONDAY & WEDNESDAY

TIME: 5:30 TO 6:20 PM

SIGN UP AT THE FRONT DESK

FRANK P. PHILLIPS MEMORIAL YMCA  
602 2<sup>ND</sup> AVE. NORTH  
328-7696

[www.columbus-ymca.com](http://www.columbus-ymca.com)

