



## Scottsbluff Family YMCA



# Youth Beginning Weight Training

For ages 12 and up

**Jason Schmidt, who has been lifting at the YMCA for 32 years, has a passion for sharing his knowledge and Christian faith with individuals in our community. Jason is a Pastor and will help your youth learn safe and proper lifting techniques and resistance training to start your child down the path to a healthier lifestyle. He is a tremendous role model to everyone he crosses paths with and will be an asset to you as a parent wanting your youth to maybe try something new and get them up and moving.**

### Youth Beginning Weight Training Program

- 8-week program
- Runs continuously, but will break for Holidays (Jason will let you know the breaks)
- Meet Tuesday & Thursday evenings 4:45-6 pm and Saturday mornings 9 – 10:15 am
- Start at any point during the 8 weeks & your youth will still get an 8-week program
- Cost Member \$100.00 Non-Member \$125.00

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Beginning Weight Training registration

Participants Name \_\_\_\_\_ Gender:  M or  F

2022-2023 School Grade: \_\_\_\_\_ School Attending \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Serious Health Problems:  No  Yes

Explain: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and /or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

Parent/guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_