

YHEALTH & WELL-BEING

We build strong kids, strong families, strong communities.

Winter II Fitness Schedule: March 1st - April 25th (8 weeks)

Registration for members starts February 1st/non-members February 22nd

Name _____ Address _____

City _____ State _____ Zip _____ Please circle... Member Non-member _____ classes per week Rcpt # _____

E-mail Address _____ Please circle classes you wish to register for... PHONE NUMBER _____

	Cardio Classes							Mind-Body-Strength Classes							Cycle Classes						
	Mon	Tues	Wed	Thurs	Fri	Sat/Sun		Mon	Tues	Wed	Thurs	Fri	Sat/Sun	Mon	Tues	Wed	Thurs	Fri	Sat/Sun		
6:00																					
8:00		Cardio Kickbox Claus		Cardio Kickbox Claus		Step Sculpt Sue		Pilates/ Yoga Liz													
9:15	Step Sculpt Jean/Deb	AOA Judy	Step Cardio Combo Deb	AOA Judy	Zumba Jean/Deb	Aqua Fit 9am Sara			Sculpt Pilates Jean				Yoga Run SAT								
10:30						Zumba Sat 10:30 Amy/Andi				Gentle Yoga Deb											
9:15	Aqua Intensity Deb/Sara			Aqua Fit Borise																	
10:30	Joint's'n Motion Deb/Sara	Joint's'n April	Joint's'n Motion Borise	Joint's'n Motion Borise	Joint's'n Motion Dawn	ZUMBA SUNDAY 10:30															
4:15	Zumba Leticia									Sculpt Deb											
4:15/4:45	Aqua Fit 4:15 Cathy			Aqua Fit 4:45pm Andi																	
5:30		Zumba Jean/Deb		Zumba Jean/Deb																	
6:45/7:00		Cardio Kickbox Claus 6-45		Zumba Leticia 7:00																	

EIGHT-WEEK SESSION FEES	
MEMBER	NON-MEMBER
1x/wk \$20.00	1x/wk \$32.00
2x/wk \$40.00	2x/wk \$64.00
3x/wk \$60.00	3x/wk \$96.00
4x/wk \$80.00	4x/wk \$128.00
5x/wk \$100.00	5x/wk \$160.00
6x/wk \$120.00	6x/wk \$192.00
7x/wk \$140.00	7x/wk \$224.00

\$4.00 member daypass/\$6.00 non-member
 For a class to remain in the session
 There must be a minimum of
 8 people enrolled after
 the 2nd week of the session
 or class will be cancelled.

Please read and sign below

I hereby certify that I am in normal health and capable of safe participation in any of these fitness classes. I assume all risks and hazards that may arise with my participation in these classes.

The YMCA is not responsible for any medical costs that may result from my participation in any of these fitness classes or programs.

Signature _____

Date _____
 Geneva Lakes Family YMCA
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 Lake Geneva, WI 53147
 262-248-6211
 www.lakegeneyymca.com