FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING FITNESS CHALLENGE RECESS!

APRIL 10–MAY 29

WHO: Members at all fitness levels are welcome!

WHAT: Spring is here and it's time to get outside! Join us for the 2021 Spring Fitness Challenge, culminating in our Outdoor Recess Challenge that will have you navigating a fitness obstacle course through personal grit and teamwork.

Participants will complete one workout a week with their coach in a small group setting and an additional workout individually. Participants will also have access to our private Facebook group for general nutritional information, virtual accountability and coach/peer motivation. Multiple challenge groups are offered each week, so there is one to fit your schedule. All participants that attended at least five of the seven group sessions and complete the obstacle course challenge will be entered into a drawing at their branch for a free one-month membership.

WHEN: April 10 – May 29; day and time chosen at registration.

FEES: $65/Members

REGISTRATION: Begins on March 15, please visit bvfymca.org or the front desk.

MORE INFO: Stephani at stephani.needles@bvfymca.org

SCAN THE QR CODE TO REGISTER!

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

CHALLENGE REGISTRATION

YOUR INFORMATION

Name:_____ **Phone:** _____

Email: _____ **Birthday:**

Would like to receive weekly e-mails from your branch. PLEASE CIRCLE: Yes or No

WAIVER & MEDICAL HISTORY

I, the undersigned, understand that all sports/activities have risks, and I hereby waive and release any and all rights and claims for damages I or my heirs, executors and administrators may have against the Buckeye Valley Family YMCA, its members or representatives, volunteers, or any sponsor.

Participant Signature: _____ **Date:** _____

Do you have a history of heart disease, high blood pressure, diabetes or any other medical condition the trainer should be aware of? PLEASE CIRCLE: Yes or No
If yes, please explain: _____

_____

_____

If you are under the care of a physician, are you cleared to exercise? PLEASE CIRCLE: Yes or No

INSTRUCTORS & SCHEDULES

This Challenge involves small group sessions with the coach and no more than 3-6 participants.
In order to schedule training sessions, please check the date that works best for you.

O **Colleen** Tuesday - 4:00pm

O **Tavian** Saturday - 8:00am

For more information, please contact Stephani at stephani.needles@bvfymca.org.