

### SUMMER SESSION (MUST BE MEMBER OF CHOICE HEALTH & FITNESS/YMCA)

Session I: JUNE 1—JUNE 26 | Registration Deadline: MAY 27 (\$10 late fee after deadline)

Session II: JULY 6—JULY 31 | Registration Deadline: JULY 2 (\$10 late fee after deadline)

Session III: AUGUST 3—AUGUST 28 | Registration Deadline: JULY 30 (\$10 late fee after deadline)

(KEEP IN MIND THAT CLASSES WILL/WILL NOT RUN BASED ON REGISTRATIONS RECEIVED BY DEADLINE. IF INTERESTED, PLEASE SIGN UP BY DEADLINE.)

## CARDIO & STRENGTH

	DAYS	TIME	LOCATION	TRAINER	COST	WALK-IN FEE	MIN/MAX
GROUP STRENGTH	T & TH	6:00-6:45 pm	PTS	AMANDA	\$96	\$18/class	3-6 participants
POWER CORE PILATES	M & W	8:45-9:30 am	CYCLING	VERONICA	\$96	\$18/class	3-5 participants
	TUES	5:45-6:30 pm	CYCLING	VERONICA	\$48	\$18/class	3-5 participants
INFERNO BOOTCAMP	M & W	5:30-6:30 pm	ICON	ERIN	\$144	\$20/class	4-6 participants
GROUP CROSS TRAINING	T & TH	9:15-10:00 am	PTS	ERIN	\$96	\$18/class	4-6 participants
	M & W	11:00-11:45 am	PTS	ERIN	\$96	\$18/class	4-6 participants

## GROUP TRAINING FOR BEGINNERS

	DAYS	TIME	LOCATION	TRAINER	COST	WALK-IN FEE	MIN/MAX
INTRO TO PILATES REFORMER	W & F	6:30-7:00 am	CYCLING	VERONICA	\$72	\$14/class	3-4 participants

## SPECIALTY TRAINING

GREAT EXPECTATIONS Contact: Chris Langei or Veronica Lien | clangei@choicehf.com | 701.746.2790

**FITNESS PARTICIPATION POLICY:** As much as we would like to offer all of our "Group Training" classes regardless of the number of participants, it is not cost effective for us to do so. Class pricing is determined by a **minimum** number of participants **registered and paid in full prior to the session start date**. If a session is underway and a member has received permission from the trainer to do a walk-in class (only if there is room) they may pay the walk-in fee. (Please note: Walk-in fee is higher as the member has not committed to the full session. ALL fees must be paid prior to attending class). **NO REFUNDS OR MAKE UPS.**

### CHOICE ADULT FITNESS FEE BASED CLASS REGISTRATION FORM - SUMMER SESSIONS 2020

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I hereby acknowledge my health to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release the Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained while attending this program. I also understand that any medical bills that I incur due to injuries will be my responsibility or the responsibility of my family health insurance plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### MARK THE SESSION & CLASS IN WHICH YOU WOULD LIKE TO PARTICIPATE:

\_\_\_\_\_ SESSION I: JUNE 1—JUNE 26 \_\_\_\_\_ SESSION II JULY 6—JULY 31 \_\_\_\_\_ SESSION III: AUGUST 3—AUGUST 28

#### CARDIO + STRENGTH

<b>GROUP STRENGTH</b> ___ T/TH (6:00 pm) - \$96  <b>POWER CORE PILATES</b> ___ M/W (8:45 am) - \$96 ___ TUES (5:45 pm) - \$48	<b>GROUP CROSS TRAINING</b> ___ T/TH (9:15 am) - \$96 ___ M/W (11:00 am) - \$96  <b>INFERNO BOOTCAMP</b> ___ M/W (5:30PM) - \$144
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#### BEGINNERS

<b>INTRO TO PILATES REFORMER</b> ___ W/F (6:00 am) - \$72
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#### SPECIALTY TRAINING

___ GREAT EXPECTATIONS
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EMAIL COMPLETED REGISTRATION FORM TO  
**CLANGEI@CHOICEHF.COM**