



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

Session I: JUNE 1—JUNE 26 | **Registration Deadline: MAY 29** (\$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)

SUMMER SHRED

Summer Shred Boot Camp is a 4-week challenge for our members looking to get in shape and tone up for the summer. Sessions include body weight exercises, use of tires, ropes, pipes, and other alternative equipment. Everything can be modified to fit your fitness level. Weekly orders will be assigned at the end of each training session by the “drill sergeant”, Veronica Lien, which are to be completed individually by participants. “Boot Camp Orders” need to be returned to the trainer, at the group session each week.

****You will be reimbursed for any classes cancelled due to weather.**

Class size limited to 10 participants

	Day	Time	Cost	Location
Platoon 1	TUES/THURS	9:00-9:45am	\$120.00	North Side of Choice Health & Fitness
Platoon 2	TUES	12:00-1:00pm	\$80.00	North Side of Choice Health & Fitness
Platoon 3	THURS	6:15-7:15am	\$80.00	North Side of Choice Health & Fitness
Platoon 4	THURS	6:00-7:00pm	\$80.00	North Side of Choice Health & Fitness

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 of \$25.00 per class.

CHOICE HEALTH & FITNESS 2020 SUMMER SHRED BOOT CAMP REGISTRATION FORM

Name: _____ Phone: _____
 Address: _____ City/St/Zip: _____
 Email: _____

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: _____

PLEASE SELECT THE PLATOON IN WHICH YOU WOULD LIKE TO REGISTER:

EMAIL COMPLETED REGISTRATION FORM TO CHRIS LANGEI AT CLANGEI@CHOICEHF.COM. CHRIS WILL CONTACT YOU FOR PAYMENT PROCESSING.

PLATOON 1 _____	PLATOON 2 _____	PLATOON 3 _____	PLATOON 4 _____
TUES/THURS 9:00 AM	TUES 12:00 PM	THURS 6:15 AM	THURS 6:00 PM
SESSION 1: _____ \$120.00	SESSION 1: _____ \$80.00	SESSION 1: _____ \$80.00	SESSION 1: _____ \$80.00
SESSION 2: _____ \$120.00	SESSION 2: _____ \$80.00	SESSION 2: _____ \$80.00	SESSION 1: _____ \$80.00
SESSION 3: _____ \$120.00	SESSION 3: _____ \$80.00	SESSION 3: _____ \$80.00	SESSION 1: _____ \$80.00

For office use only: Ring up registrations under “FITNESS PROGRAM”. Add \$10 late fee for registration after the deadline.