



# YOUTH STRENGTH & CONDITIONING

Four-week program | Wednesdays 4:30PM-5:30PM (age 8-11) 5:30PM-6:30PM (age 12+)  
November 1st-November 29th

***Please print clearly***

Name \_\_\_\_\_ Member # \_\_\_\_\_ Nonmember

Age \_\_\_\_\_ Grade \_\_\_\_\_ (ages 8+)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Member Rate**

**4 weeks: \$80**

**Drop in: \$25**

**Nonmember Rate**

**4 weeks: \$120**

**Drop in: \$35**

I hereby authorize Great Lakes Athletic Club to charge my membership account for GLAC's Youth Strength & Conditioning Program a fee of \_\_\_\_\_.

***Payment Options***

Credit Card \_\_\_\_\_

Cash

Expiration \_\_\_\_\_ CVC \_\_\_\_\_

Check # \_\_\_\_\_

**There is an inherent risk of injury in the use of or presence in Great Lakes Athletic Club, the use of its equipment, services, and participation in its programs. Whether such participation occurs at the facility or in supervised or unsupervised activities sponsored or endorsed by GLAC at a specified or unspecified location. I understand and fully accept this risk for myself and shall hold this club, its shareholders, directors, officers, employers, representatives and agents harmless from any loss, claim, injury, damage or liability sustained or incurred by me resulting from there from. In the event of an emergency, I give my permission to GLAC to secure all necessary and required medical treatment for myself or the named participant on this document and/or any accompanying or attached documents. Refunds will not be issued for cancellations initiated by the participants in any GLAC sponsored programs, service, or sponsored or non-sponsored event.**

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

**I hereby authorize and release with permission, specific photo(s) for use by GLAC.**