

**SHEBOYGAN FALLS YMCA**

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

[www.sheboygancountyyymca.org](http://www.sheboygancountyyymca.org)FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**FALLS Y TEEN FITNESS - GIRL POWER**  
**APRIL 4 - MAY 25, 2024****Ages 12 - 17**

Girl Power is HERE! Whether you're an athlete training for a sport or someone just looking for an edge to gain better personal fitness, Girl Power is for you! Learn and train in the basic strategies and lifts that will help you create your own personal strength training program. An increased lean body mass builds more muscle, burns more calories, and decreases body fat. Some of the added benefits of strength training include: stronger bones, improved self-esteem, and improved overall fitness. Start today to build for your fitness future!



**Members who complete this class satisfy the requirement of teen strength and will be able to use the equipment in the Riverview and Lakeview Centers independently. Class meets at the Falls Y. Fee is for two-days per week.**



Thursday..... 6:30pm - 7:30pm

Saturday..... 1:00pm - 2:00pm

Members Only

**SHEBOYGAN FALLS YMCA 2024 TEEN FITNESS - GIRL POWER**

Please return to Welcome Desk at the Sheboygan Falls YMCA

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_

**Hold Harmless Agreement**

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for myself and/or my child to participate and be photographed in YMCA activities.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- ☒ **Girl Power** 24S2 2YGIRLPOWER  
☐ \$32.00 Family Member  
☐ \$49.00 Youth Member

**Email form to:** [jkovacs@sheboygancountyyymca.org](mailto:jkovacs@sheboygancountyyymca.org)**Payment**

☐ Cash ☐ Check ☐ Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_