

SHEBOYGAN COUNTY YMCA YOUTH FITNESS CHALLENGE



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



24-HOUR EXERCISE CHALLENGE APRIL 2 - MAY 1, 2024



Ages 5 - 17 years

The challenge is to record 24 hours of exercise in 30 days! Youth members 10-12 years old that have completed or are currently enrolled in SPARK class may use the cardio center (Sheboygan Lakeview Center) with a parent. Youth members aged 12-14 years that have completed Teen Strength class may use the Lakeview Center and Riverview Center. Some ideas for youth not eligible for fitness center usage are: YMCA dance, sports, gymnastics, swimming, and fitness classes. Bike riding, running, jump rope, brisk walks, dancing, scootering, pedal cars, body weight exercises, Healthy Kids Day April 19th, and much, much more! 18 of the 24 hours may be completed outside of the Y. A log book will be kept at the Lakeview desk and Riverview Desk in Falls. **Challenge is per location.**

Prizes for completion include:

- YMCA t-shirts
- Y gear such as water bottles, hats, towels
- Sheboygan Y coffee shop card
- Exercise/sports equipment
- An entry to a bigger prize drawing



Members Only

Sheboygan County Family Member \$ 8.00
Sheboygan County Youth Member..... \$10.00

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085
P 920-467-2464 • F 920-467-4641
www.sheboygancountyyymca.org



SHEBOYGAN YMCA

812 Broughton Drive, Sheboygan, WI 53081
P 920-451-8000 • F 920-451-8019
www.sheboygancountyyymca.org

Email form to: jkovacs@sheboygancountyyymca.org

Email form to: mmueller@sheboygancoutyyymca.org

SHEBOYGAN COUNTY YMCA 2024 YOUTH 24-HOUR EXERCISE CHALLENGE

Please return to Welcome Desk at the Sheboygan or Sheboygan Falls YMCA

Name _____ Birth Date _____ ☐ M ☐ 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 Signature _____ Date _____

☒ **24-Hour Youth Exercise Challenge** 24S1 2YCHALLENGE.. or 1YCHALLENGE..

☒ **Location**

- ☐ \$8.00 Sheboygan County Family Member
☐ \$10.00 Sheboygan County Youth Member

- ☐ Falls YMCA
☐ Sheboygan YMCA

Payment

☐ Cash ☐ Check ☐ Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____