



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



-FOR YMCA MEMBERS ONLY-

MAKE THE MOST OF YOUR WORKOUTS



MYZONE™ Physical Activity Belts will be available for purchase starting in June and will use personalized readings to inform exercisers of their workouts' intensity levels in real time on big screens in Aerobic/ Group Exercise Centers. MYZONE™ also keeps track that information online so that members can see precisely how much progress they've made over time.

STEP 1:

Purchase your MYZONE™ belt

STEP 2:

Register for your MYZONE™ orientation

STEP 3:

Utilize your MYZONE™ belt on your own, in small group exercise classes, or intensify your workouts in Zone40 classes!

STEP 4:

Prepare yourself for MYZONE™ Challenges!

Visit our website for more info on the MYZONE™ steps at www.springfieldymca.org



Please select your MYZONE™ package

MYZONE™ Belt Only <i>Purchased at front desks</i>	Belt & Orientation <i>View dates flyer</i>	ZONE40 <i>July 9-August 12</i>	Belt & ZONE40 <i>July 9-August 12</i>
\$80	\$100	\$48	\$128
MYZONE™ Belt	MYZONE™ Belt	40 Min. Class Once a Week	MYZONE™ Belt
	MYZONE™ Orientation Class		40 Min. Class Once a Week

Maximize your workout today!

REGISTRATION FORM (one form per participant)

Name _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Email _____ Emergency Contact _____

Your **MYZONE™ Registration Package** _____

I would like to make a gift to help a child participate in YMCA programs. I am adding \$_____ to my registration for the YMCA Strong Kids Scholarship Fund. All gifts are tax deductible.

I hereby register. I allow the YMCA to seek emergency care for me if required. I also grant the YMCA permission to use photographs of me in promotional materials such as brochures, ads, website or newspaper releases. I will not be informed or reimbursed for such photographs.

Signature _____ Date _____

Contact:

Cindy Jordan
 Association Director of Health & Wellness
 cjordan@springfieldymca.org
 217-679-1625 ext. 183

Office Use Only: SE18
 Amount Paid: _____
 Date _____ Staff _____
 Branch 1 _____ Branch 2 _____