



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Zone40 Sessions

WHAT HAPPENS IN A ZONE40 SESSION?

The Zone40 HIIT Workout is a 40minute class which combines the use of TRX, kickboxing/bags, battle ropes, kettlebells and functional training exercises/equipment and the MYZONE heart rate system to offer an amazing workout guaranteed to get results with regular participation. Each exercise section will be repeated 3x for 45 seconds and with 15 second rest.

WHAT WILL ZONE40 DO FOR ME?

- Improved muscular endurance.
- Improved aerobic threshold and cardio fitness for greater everyday fitness.
- A great post-exercise EPOC (excess post-exercise oxygen consumption) calorie burn which means you burn calories during and after your workout.



- MEMBERS WILL ATTEND ONCE A WEEK UNLESS THEY SIGN UP FOR MULTIPLE CLASSES
- EACH CLASS IS ONCE A WEEK
- CLASS RUNS FOR 5 WEEKS - STARTS JULY 9 AND ENDS AUGUST 12

Zone40 Group Training Offerings

Please circle your Zone40 group training sessions you wish to attend:

KERASOTES

Monday 7/9	Tuesday 7/10	Wednesday 7/11	Thursday 7/12	Friday 7/13	Saturday 7/14
6:30-7:15 AM	6:30-7:15 AM	6:30-7:15 AM	6:30-7:15 AM	6:30-7:15 AM	11:30-12:30 AM
7:30-8:15 AM	7:30-8:15 AM	7:30-8:15 AM	7:30-8:15 AM	7:30-8:15 AM	
10:15-11:00 AM					
4:45-5:25 PM				4:45-5:25 PM	
7:35-8:15 PM	6:45-7:25 PM		7:50-8:30 PM	6:45-7:30 PM	

DOWNTOWN

Monday 7/9	Tuesday 7/10	Wednesday 7/11	Thursday 7/12	Friday 7/13	Saturday 7/14
11:00-11:40 AM	11:00-11:40 AM		11:00-11:40 AM	11:00-11:40 AM	8:30-9:15 AM
5:50-6:30 PM		5:50-6:30 PM	6:35-7:20 PM		

Please choose your Zone40 registration package on the line below:

Your ZONE40 Registration Package _____

ZONE40 July 9-August 12	Belt & ZONE40 July 9-August 12
\$48 40 Min. Class Once a Week	\$128 MYZONE™ Belt 40 Min. Class Once a Week

REGISTRATION FORM (one form per participant)

Name _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Email _____ Emergency Contact _____

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 _____