



SPORTS SPECIFIC TRAINING

Name: _____ Phone: _____

Age: _____ Gender: _____ Grade: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Sports Involved In: _____

Sports Information – sport specific/athletic performance training you’re looking for. Please include what you wish to gain from this training.

Limitations / Concerns – please describe any physical limitations, medical conditions, or previous surgeries that may prevent you from doing certain types of exercises.

Please select the type of training you are requesting:

☐ **1 Session**

Y Member: \$30 | Community Member: \$40

☐ **5 Sessions**

Y Member: \$142 | Community Member: \$190

☐ **10 Sessions**

Y Member: \$255 | Community Member: \$340

Dates & Times Available

Signature _____ **Date** _____

Please submit completed forms to our Front Desk. Please contact the Sports Director, Carly Mindykowski, at cmindykowski@ymcabaycity.org if you have any questions. Thank you!