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 Experience Director, Jesus Garcia, at **jgarcia@ymcabaycity.org** if you have any questions. Thank you!

Updated: 6/15/2026