This 8 week boot camp program focuses on enhancing your preteen/teenagers fitness through agility, calisthenics, speed, and strength training. By combining cardio and strength exercises, your teen will strengthen every muscle group to improve their overall fitness. All fitness levels welcome!

Members: 200*
Nonmembers: $240*
Drop In: $20/$25*
*Fall 2016 price rate.

Meet the Trainer

Galen Bennett
B.S. Kinesiology: Exercise & Sport Science
Certified Personal Trainer: American College of Sports Medicine
Favorite type of workout: Circuit training, playing basketball and MMA
Training Motto: “Do something today that your future self will thank you for.”

Space is limited!
Registration opens September 7
Please complete the registration form on the reverse side and submit along with payment at the membership desk.

For more info, contact us at kids@musc.edu
843.792.0767

Expiration 12/31/2016
Junior Bootcamp Fall REGISTRATION FORM

CHILD’S NAME: First name, Last name
Age

List any relevant medical information (allergies, medications, and special needs – use reverse side if necessary)

Parent(s) Names and contact information:

_______________________________________________/______________________/____________________
First Name                                   Last Name                                                    Best phone numbers

Email Address: Please note: We use email as the main form of communication.

________________________________________________________________________________________

COST: Per Session (16 classes): $200/$240
Drop in fee (per class): $20/25
*Wellness Center Member rates/Nonmember rates

Please note: We cannot offer price adjustments or credits for missed classes.

PAYMENT INFORMATION: Please provide a cc # below or a check along with paperwork. You will receive an email payment confirmation.

Wellness Center Member? (Please circle) YES or NO If so, provide name and member #:__________

PAYMENT: Credit Card __________ or Check (payable to MUSC Wellness Center) __________

I am paying the amount of $ ________________ for Jr. Bootcamp Fall Session.

Credit Card #

_______________________________________________
DATE:__________________

WAIVER
In consideration of your accepting my registration, I hereby, for myself, my child, my heirs, executors and administra-
tors, waiver and release any and all rights and claims for damages I or my child may have against the Medical University of South Carolina and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for my child during the duration of his/her participation and specified activities with this institution. I hereby certify all the above information to be correct and true.

SIGNATURE OF PARENT OR GUARDIAN: __________________________________________________________

DATE:__________________