

Energysse is an award winning programme at the Bishopdale YMCA, designed specifically for 11 -15 year olds, it allows them to exercise under the supervision of our expert fitness trainers.

As well as attending scheduled Energysse group workouts (including circuit, spin, sports drills and outdoor interval classes) members will be able to follow their own personal programme at selected drop in times.

Monitoring attendance and recognizing progress is integral to the success of the Energysse club. this is achieved through a progressive reward system for each and every member.

### Frequently Asked Questions

#### When can my child join?

On or after their 11<sup>th</sup> birthday. They are welcome to stay until their 16<sup>th</sup> birthday, or join the adult gym once they are 14.

#### Is it suitable for my non-sporty child?

Yes, the beauty of our circuit system is that each child can work at a pace that is appropriate for them.

Our "belt" reward system is based on attendance not competition.

#### Is it safe?

Yes, because weights aren't involved, it is extremely safe and appropriate for this age group. Parents must complete a pre-exercise questionnaire for each child and a mandatory 20 minute induction is held with each child and parent before membership is accepted.

### Club hours

	Drop in time	Group Workouts
<b>Monday</b>	<b>3.30 - 4.00pm</b>	<b>4.00 - 5pm</b>
<b>Tuesday</b>	<b>3.30 - 4.00pm</b>	<b>4.00 - 5pm</b>
<b>Wednesday</b>	<b>3.30 - 4.00pm</b>	<b>4.00 - 5pm</b>
<b>Thursday</b>	<b>3.30 - 4.00pm</b>	<b>4.00 - 5pm</b>
<b>Friday</b>	<b>3.30 - 5.00pm</b>	
<b>Saturday</b>	<b>10.00 - 11.00am</b>	<b>11.00 - 12.00pm</b>

### Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Energysse 4 month Membership

**\$99.00**

<b>Start Date:</b>	<b>Card #</b>
<b>Payment: \$</b>	<b>Receipt #</b>
<b>Form Entered</b> Y / N	<b>Induction Booked</b> Y / N
<b>Notes:</b>	

## Pre-Exercise Screening Questionnaire

There are a small number of children who may appear to be at risk when exercising and for this reason we ask that you complete this form so that we may give your child the highest level of care possible. The information you give us remains confidential. Please note that in the case of a medical emergency, your child may be transported to the nearest medical treatment service.

**In the last 12 months has your child had any muscular, joint or bone pain while exercising? (please give details)**

	No/Yes
Muscular, joint or bone pain?	
Has your child had surgery or been hospitalised in the last 12 months?	

**Does your child suffer from or take any medications for any medical conditions? (please give details)**


**Is there any reason preventing or affecting your child's participation in exercise?**

Yes     No

**Informed consent:** I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge, correct.
- I will inform you immediately if there are any changes to the information provided above.
- I give permission for my child to participate in the Energyse Club Circuit class

### Disclaimer

I acknowledge that participating in physical activity for my child carries a risk and I accept all responsibility for that risk.

Parent/Guardian signature:

Date:

