



POUND



PLUNGE

Activating A Healthier YOU



YMCA Cape Cod's
Diabetes Education
Center

12 Weeks Beginning Saturday, June 6, 2009

Lose Weight, Feel Great, Win Prizes!

Join in this **FREE** competition to lose weight and improve the health of our community. Pound Plunge participants have **FREE** access to:

- The NEW YMCA Cape Cod facilities
- Weekly nutrition classes
- Specialty Fitness Classes
- Personal Trainers
- Weekly raffle prizes



Program takes place Saturdays 8-10:00AM & Wednesdays 5-9PM in the YMCA's new wing.

You do not need to be a Y member to participate in this free program.

A Healthy Lifestyles Initiative brought to you by the YMCA Cape Cod's Diabetes Education Center.

There is no better time to lose weight, become active, and feel better about yourself.

Go to www.ymcacapecod.org or call 508-362-6500 x102 for more information.

YMCA CAPE COD • 2245 Route 132 • West Barnstable, MA 02668

YMCA CAPE COD REGISTRATION FORM

Pound Plunge 09S2 1164

Personal Information

Name _____
Address _____
Town _____ State _____ Zip _____
Home Phone (____) _____
Alternate Phone (____) _____
Email Address _____

Are you a Member of the YMCA Cape Cod? Yes/No

Team Information

TEAM NAME: _____
Team Member 1 _____ Age _____
Team Member 2 _____ Age _____
Team Member 3 _____ Age _____
Team Member 4 _____ Age _____

EVERY TEAM MEMBER MUST SIGN THE RELEASE BELOW

I knowingly release and hold YMCA Cape Cod, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to me and/or my children resulting from our participation in all and any YMCA Cape Cod programs and activities. I will indemnify YMCA Cape Cod, and its employees, agents, volunteers, officers and directors for all costs which it may incur due to claims and demands alleging such loss or injury, including settlement payments, court judgments, and legal defense fees. I agree that YMCA Cape Cod shall have authority regarding the defense and settlement of claims or suits brought against it or its employees, agents, volunteers, officers or directors, claiming any such loss or injury.

Signature _____
Date _____

Please return to membership desk, mail or fax to 508-362-5379 YMCA Cape Cod PO Box 188 - West Barnstable, MA 02668

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