

Yosemite Fit-Trip

October 11th-14th



Registration Print and Fax Today:

Name: _____ Single Couple Youth

Address: _____

City/State/Zip: _____

Email: _____

Are you rooming with someone? (Name): _____

Name of youth (If applicable): _____ Age: _____

In case of emergency contact: Name _____ Phone: _____

Special before July 4th take off additional \$98 on any program!

Please Choose One Rate:

Persons	Pay In Full before September 15 th	Payment plan before July 30 th	Pay In Full After September 15 th	Payments after July 30 th Last payment October 10 th	Activities	Meals, Travel, Lodging
<input type="checkbox"/> Single	\$1097	4 X's \$280.50	\$1197	3 X's \$407.34	All	All except Friday dinner
<input type="checkbox"/> 2 Friends	\$1767	4 X's \$441.75	\$1867	3 X's \$622.33	All	All except Friday dinner
<input type="checkbox"/> Couple including 1 youth	\$2297	4 X's \$574.25	\$2397	3 X's \$799	All	All except Friday dinner

Amount Due: \$ _____ Choose One Payment Type Below:

Paid in full: \$ _____

Monthly Dues: \$ _____ (If signed up after July 30th, last payment will be October 10th and will be remaining total if any.)

Payment Method:

Credit Card Number: _____ Exp. Date: _____

Full Name on Card: _____

Authorized Signature: _____

Cardholder's Billing Address:

Address: _____

City: _____ State: _____ Zip: _____

Phone # of Card Holder: _____

Or make checks payable to GIFT and mail to:

3964 Rivermark Plaza #328

Santa Clara, Ca 95054

Fax today to 208.275.1714

*All parties must complete a registration form.

Business Office: 1.866.339.4438/ 408.260.0448 www.pilatescardiocamp.com

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Please check **ALL** activities you'll be doing. (All days include morning and evening workouts and stretching.):

Friday:

- 2-hour Guided Tour (walk)
Choose only **ONE** of the four below:
 - 2- hour Mule Ride to Lake Mirror
 - 1-2 hour Bike Ride (on your own)
 - Art Class
 - Fishing (on your own)
-

Saturday:

- Half Dome (Do not choose another activity.)
 - 1-hour Guided Tour through Big Trees Grove (tram ride): Guests can leave the tram at any stop and pick up anywhere along the way back. Or, could take the tour tram to the top of the grove and walk down.
 - 1-2-hour Bike Ride (on your own)
 - Art Class
 - Fishing (on your own)
-

Sunday:

- Ropes Course
-

Optional:

- Yes, I'm interested in 2-3, 3-5 hour Saturday hikes to train for Half Dome. Cost TBD

Specific Needs You Have: What specific needs, if any, do you have for nutrition or anything else that will make your stay the most comfortable? Please be **very** specific and give examples of what you need.

Waiver:

I _____ take full responsibility for my participation on this fitness trip. I declare that I am of good health with no major risk of coronary heart disease, hypertension, or any orthopedic, metabolic, physical or mental conditions that may be aggravated by physical activity. I understand it is recommended to obtain a medical release if I am male over 45, or female over 55 and have, or may have, significant risk factors for heart disease, or have not participated in a regular fitness program in the last year. I further acknowledge that I (if female) should not start an exercise program if I have recently become pregnant and have not been regularly exercising. I release all claims and assume full risk of injury due to any ailments I may suffer while participating on this fitness trip. I release all claims to GIFT and any employees assume full risk for my participation on this fitness trip.

Signature: _____ Date: _____

(If under 18, please have your guardian sign below.)

Signature of Guardian: _____ Date: _____

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