

REGISTRATION FORM

Name _____

Address _____

City/Town _____

ST _____ Zip _____

Phone _____

Email _____

Emergency Contact _____

Phone _____

Please describe any health related conditions that you have or had that could affect your participation in this program

Are you currently on any medications?
Y N

Please describe any known side effects of these medications that may impact your fitness practice

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in this Zumba class during which I will receive information and instruction about zumba and health. I recognize that zumba requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in zumba class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the zumba class.

3. In consideration of being permitted to participate in zumba class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation.

4. In further consideration of being permitted to participate in the zumba classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructor or the Gilford Youth Center, and its employees and staff, for injuries or damages that I may sustain as a result of participating in classes or workshops held by the Gilford Youth Center.

5. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue the Gilford Youth Center, the class instructor, or the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participapnt

_____ Date _____

Date signed _____



January Session

Mondays 5:30pm

**FREE DEMO CLASS
JANUARY 9TH**

**GILFORD YOUTH CENTER
19 Potter Hill Road
Gilford, NH 03249
603-524-6057**



Let's face it, working out can be healthy, rewarding and beneficial. Working out can be lots of things, but it's never been known to be an exhilarating experience...UNTIL NOW!

The Zumba® program fuses hypnotic Latin rhythms and easy-to-follow moves to create a one-of-a-kind fitness program that will blow you away. Our goal is simple: We want you to want to work out, to love working out, to get hooked. Zumba® Fanatics achieve long-term benefits while experiencing an absolute blast in one exciting hour of calorie-burning, body-energizing, awe-inspiring movements meant to engage and captivate for life!



The routines feature interval training sessions where fast and slow rhythms and resistance training are combined to tone and sculpt your body while burning fat. Add some Latin flavor and international zest into the mix and you've got a Zumba® class!

In the past years, the Zumba® program has become nothing short of a revolution, spreading like wildfire, and positioning itself as the single most influential movement in the industry of fitness.



Schedule

Monday Evening Session

5:30-6:30pm

January 9th - FREE DEMO CLASS

January- 16th, 23rd, 30th

Cost: \$20 per Session

(3 classes)

\$7.00 per class

HOW TO REGISTER

Fill out the form on the back of this brochure and return it to the Gilford Youth Center, 19 Potter Hill Road, Gilford, NH 03249.

Forms can also be downloaded on our website:

www.gilforyouthcenter.com

Questions? Contact Scott at 393-2581