



Willington Parks & Recreation



Thursday Evenings
7:00 pm – 8:00 pm
September 22-December 15th
no classes on 10/13, 11/10 and 11/24

Punch card for 10 classes: \$75.00
Drop ins \$10.00

Center School, 12 Old Farms Road

Zumba© 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!

Instructor: Kate Levesque Minimum of 10 LIMITED TO 40

Call Teri Gareau at 860-487-3108 or email at tgareau@willingtonct.org

Inclement Weather: Cancellations due to bad weather will be announced on Channel 3 TV.
If Willington Schools are close early or closed for the day, the class is cancelled!!

WILLINGTON PARKS & RECREATION PROGRAMS

Participant Information
Thursday night ZUMBA ©

Name: _____ Gender: M F
(First) (Last)

Address: _____

Town _____ State: _____ Zip _____ Age _____

E-mail: _____

Hm Phone: _____ Alt Phone: _____ Fee Enclosed: _____

Release, Waiver and Assumption of Liability and Consent For Medical Treatment

I, the undersigned, by registering in the town's ZUMBA program understand the nature and risks associated with the participation in this activity.

I hereby grant my permission to participate. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety.

I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my myself while participating in this program.

Consent for Medical Treatment , I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I certify that the information contained on this form is accurate and complete.

Date: _____

Signature: _____
(Parent/Guardian if participant is under the age of 18)

REFUND POLICY: There are no refunds except for medical reasons, upon receipt of a physicians note.

Emergency/Medical information

In case of emergency contact: Name: _____

Home Tele: _____ Bus. Tele: _____ Relationship: _____

Physicians Name: _____ Tele: _____

Allergies, Medical Conditions & other info: _____

Make checks payable to: **Willington Parks & Rec Dept**

Return completed form with payment by June 2, 2011 to:
Parks & Recreation Department
40 Old Farms Road
Willington, CT 06279

Visit us on the web at: www.Willingtonct.org, Phone 860-487-3108

Office Use Only: Received: _____ Check #: _____ Amount: _____