



BACK BY POPULAR DEMAND!
"COMPLETE FITNESS" EXERCISE CLASS with Susan!
When: Mondays & Wednesdays - 5:00pm-6:00pm

Please check which session below
Session IV Feb 22, 2016 – Mar 30, 2016

Session V Apr 4, 216 – May 18, 216 (No Class Mon Apr 18 & Wed Apr 20)

Where: Brooklyn Elementary School Gym

Fee: \$65.00 per session One day a week : \$35.00

Never be bored with your workout again! Susan returns with a wide variety of fun classes for all fitness levels. There's something for everyone! Cardio, strength, resistance and flexibility classes will be offered including old favorites using our steps, balls, weights, resistance bands and more. Plus new exciting classes like Circuit Chaos, Pilates w/ Props and 20/20/20 (Cardio, strength and yoga all in one class)! Classes will be structured based on participant preferences. We have everything you need, just bring your water bottle and a can-do attitude!

Register early...space is limited!!

**Return to: Brooklyn Parks & Recreation
P.O. Box 356 Brooklyn, CT 06234
860-779-3411**

NAME _____

MAILING ADDRESS _____

EMAIL: _____

HOME PHONE# _____ WORK/CELL# _____

Who may we contact in case of an emergency?

Name _____ Phone _____ Relationship _____

Please list any medications you are taking _____

Any medical problems we should be aware of _____

Photo Release (May we use photos taken during program or event for promotional use): Yes No

I, the undersigned, have chosen to participate (or to allow my child to participate) in the Brooklyn Parks & Recreation Program. I understand that this is not a medically supervised program. I accept responsibility for any personal injury I or my minor child might incur while participating in the Program. I release and indemnify the Town of Brooklyn and its agents, officers and employees from any liability which may occur as a result of my participation in the Brooklyn Recreation Program. I further attest that the information provided in my application is true to the best of my belief. I understand that Brooklyn Parks & Recreation maintains a no refund policy. Missed classes due to weather or cancellation by the instructor are rescheduled at the discretion of the Director or instructor.

Participant's Signature _____

Make checks payable to Brooklyn Parks & Recreation

FOR OFFICE USE ONLY

PROGRAM: Complete Fitness Session 4 or 5 AMOUNT PAID _____

DATE _____ RECEIPT # _____ Or Indicate Credit _____