

TONES & TIGHTEN

If you want to lose body fat and sculpt your muscles, this class is a must! This 30-minute workout class is for all fitness levels and is designed to improve muscular strength. Each major muscle group is targeted using a variety of resistance equipment such as hand weights, stability balls, and exercise bands. Join in & tone up that body!!



AGES: Adults, 18 years & older
MIN./MAX.: 6/20

LOCATION: Byron P.E. Center Aerobics Room
INSTRUCTOR: Lana Vaile

SUMMER/FALL SESSION:
Septemebr 2 - October 23, 2014

DAYS & TIMES OFFERED:
Tues./Thurs. from 6:00-6:30 p.m.

<u>CODES</u>	<u>DAYS</u>	<u>FEES</u>
120570-A1	1 day/wk.	\$29 res./\$31 nr.
120570-A2	2 days/wk	\$48 res./\$52 nr.

REGISTER BY: 08/26/14
or until maximum capacity is reached

Summer/Fall 2014

TONES & TIGHTEN PROGRAM

Name: _____ **Gender:** M F **Grade:** _____ **Birthdate:** _____ **Age:** _____

Address: _____ **City/State/Zip:** _____

Phone(s): _____ **Email:** _____

Emergency Contact & Phone: _____

Mark Session: _____ 120570-A1 \$29/\$31 _____ 120570-A2 \$48/\$52

Payment: Cash _____ Check _____ Credit Card: _____ AM EXP _____ Discover _____ MC _____ Visa _____ Exp. _____

Card #: _____ **Cardholder's Name:** _____

Office Use Only: Amt. Pd.: \$ _____ Rec.'d By: _____

WAIVER & RELEASE OF ALL CLAIMS

In consideration of me (or my minor child/ward) being allowed to enroll in this program, I hereby personally assume all risks in connection with this program and release the instructors, supervisors, owners, Byron Park District, and the Byron CUSD #226 for any injury, damage or loss and from any claim by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation. I understand that on occasion, the Park District staff may take photos of participants enrolled in activities/programs and am aware that these photos are for Park District use only and may be used in future marketing tools (ie. brochures, fliers, website). I have read, fully understand and accept the details, waiver and release of all claims above.

Signature of Participant or Parent/Guardian

_____/_____/_____
Date

