



ANDERSON TOWNSHIP PARK DISTRICT

Zumba, adult

Register in advance. Ditch the workout, join the party! The Zumba® program turns exercise into a party using hypnotic Latin rhythms and easy-to-follow moves to create a one-of-a-kind dance fitness program that will blow you away. A Zumba® Certified Instructor will lead you through an exciting hour of calorie-burning, body-energizing, awe-inspiring movements meant to engage and captivate for life! You will want to work out, LOVE working out and achieve long-term benefits all while having an absolute blast. Classes run for 6 weeks.

Dates: Tuesdays, October 11 – November 15 **Time:** 9:30am – 10:30am
Price: \$48 Anderson Res; \$58 Non-Res **Location:** Beech Acres Park RecPlex
Questions? (513) 388-4513 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Zumba ~ Fall 2011

Participant's Name _____ Birthdate ___/___/___ Email _____

Parent's Name (if applicable) _____ Phone (h) _____ (c) _____

Address _____ City _____ State _____ Zip _____

List any allergies, medical conditions, or any medications _____

Emergency Contact Name (different from above) _____ Phone _____

Dates: Tuesdays, October 11 – November 15 **Time:** 9:30am – 10:30am
Price: ___\$48 Anderson Resident ___ \$58 Non-Resident **Total Due:** \$ _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230
Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*.
The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name _____ Signature _____ Date _____

-----For Office Use Only-----

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____