

# ADULT ZUMBA EXERCISE SESSION'S 2012

TUESDAY March 6, 13, 20, 27 April 3, 10, 24 \$35.00 (no class 4/17)  
THURSDAY March 8, 15, 22, 29 April 5, 26 \$30.00 (no class 3/1, 4/12, 4/19)  
7:00PM-8:00PM

PLACE: BREWSTER SCHOOL  
Sponsored By Durham Recreation  
Instructor Shelly Welch

Mail Registration To: Durham Recreation, P.O. Box 428, Durham Ct.06422

OR

Register at the Town Clerks Office at the Durham Town Hall, Monday, Wednesday, Thursday, Friday,  
8:30am-4:30pm  
Tuesday 8:30am-7:00pm

Thank you

Durham Recreation Office 860-343-6724

## PARTICIPANT'S INFORMATION

NAME \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

PLEASE CHECK CLASS: TUESDAY CLASS \_\_\_\_\_ THURSDAY CLASS \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

E-Mail \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE# \_\_\_\_\_

Please list any medical problems, including allergies or medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the above person to participate in the Durham Recreation Adult Exercise Program. Sponsored by the Durham Recreation Department. I certify that he/she/I is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation Staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot. In case of injury I understand that I am responsible for all financial liabilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_