

# BODY SCULPTING FALL SESSIONS 2011



09/06-10/25 TUESDAY 8 Week Body Sculpting 9-10:00 am \$40.00

09/01-10/27 THURSDAY 9 Week Body Sculpting 9-10:00 am \$30.00

Come and join the fun in a small class led by Lynn Stanwood CPT Life long sports and training enthusiast. This program focuses on individual training in a group setting. Considerations for all levels noting personal strengths and limitations for a total body workout.

**Informational and effective.**

**PLACE: Durham Activity Center 350 Main Street, 2<sup>nd</sup> Floor, Durham, CT Sponsored by Durham Recreation 860-343-6724**

**MAIL Registration to: Durham Recreation, PO Box 428, Durham CT 06422**

**OR**

**REGISTER at the Town Clerks Office at the Durham Town Hall**

**Monday, Wednesday, Thursday, Friday, 8:30 am-4:30 pm**

**Tuesday 8:30 am-7:00 pm**

**Office will pro-rate registration.**

Name \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ Home# \_\_\_\_\_

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 \_\_\_\_\_