

**ADULT EXERCISE SESSION 2016**  
**PLACE: DURHAM ACTIVITY CENTER**  
**Sponsored By Durham Recreation**

Instructor Sue Schade

MON. YOGA 7:00-8:00pm July 11, (no 18th), 25. Aug 1, 8, 15, 22, 29

Fee: \$49.00

WED. YOGA 7:00-8:00pm July 6, 13, 20, 27. Aug 3, 10, 17, 24, 31.

Fee: \$63.00

SAT. FITNESS CLASS 8:00-9:00am July 2, 9, (no 16th, or 23rd) 30. Aug 6, 13, 20, 27.

**PLEASE WEAR SNEAKERS**

Fee: \$49.00

**\*\* SAVE AND SIGN UP FOR ALL THREE CLASSES \$115.00\*\***

Instructor: Sue Schade

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

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: MONDAY CLASS \_\_\_ WEDNESDAY CLASS \_\_\_ SATURDAY 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 \_\_\_\_\_