

LUCKNOW & DISTRICT RECREATION DEPARTMENT ZUMBA FITNESS CLASSES PROGRAM

2019 FALL SESSION REGISTRATION FORM



REGISTRATION DEADLINE: NOVEMBER 13, 2019

DATES	DAY	TIME	FEES
NOVEMBER 18, 25	MONDAY'S	10:00 – 11:00 A.M.	\$70.00
DECEMBER 2, 9, 16, 23, 30			

Please make registration cheque payable to Lucknow Recreation Department.

PROGRAM INFORMATION

Perfect For: Everybody and every body! Each Zumba® class is designed to bring people together to sweat it on.

How It Works: We take the "work" out of workout, by mixing low-intensity and high-intensity moves for an interval-style, calorie-burning dance fitness party. Once the Latin and World rhythms take over, you'll see why Zumba® Fitness classes are often called exercise in disguise. Super effective? Check. Super fun? Check and check.

Benefits: A total workout, combining all elements of fitness – cardio, muscle conditioning, balance and flexibility, boosted energy and a serious dose of awesome each time you leave class.

*** INSTRUCTED BY JULIA JACOBS (CERTIFIED ZUMBA INSTRUCTOR).**

Hello! I'm Julia Jacobs, and I live in Wingham, ON. I've been a ZIN™ Member since DEC 2017 and I absolutely love teaching Zumba classes. The reason is simple: Every class feels like a party! I am currently licensed to teach Zumba. Come join me, I guarantee you will have a blast!

REGISTRANT INFORMATION

Last Name _____ First Name _____

Date of Birth (dd/mm/yyyy) _____ Telephone # _____

Home Address _____

Email: _____

Emergency Contact Info _____

Health Issues/Concerns _____

NOTE: Any registrant who has not submitted a registration form or paid the registration fee will **not** be permitted to participate in the program.

AGREEMENT: In consideration of the agreement by The Lucknow & District Joint Recreation Board By-Laws to supply instructors and facilities for the program, the undersigned agrees to abide by the terms set forth in the L&DJRB By-Laws governing the conditions under which applicants shall participate in the Zumba program.

It is advisable that every registrant be covered under the Ontario Hospital Insurance Plan. In case of injury, the participant herewith waives all claims of any kind against L&DJRB in regards to injuries incurred by said registrant while participating in the program. This consent recognizes that all reasonable precautions will be taken to prevent accidents or injuries. Permission is given to allow supervisors to seek emergency medical treatment.

PHOTO RELEASE: I authorize the use of any photo taken while participating in the above program.

APPROVALS _____

SIGNATURE OF PARTICIPANT

DATE