Chatham Community Center

Small Group Circuit Class

Instructor: Terry Bergquist
A.F.F.A. certified Personal Trainer, S.C.W. certified Personal
Trainer, S.C.W. certified Small Group Personal Trainer

Who: Anyone interested in a total body fitness class utilizing timed interval training.
All levels welcomed

Location: Chatham Community Center Aerobics Room or Teen Room

When:

Tuesdays	9 - 9:45 A.M.	West side of the gymnasium
Thursdays	9 – 9:45 A.M.	Aerobic Room

Registration Fee: $10 per class

Description: Every class will begin with a 5 – 10 minute dynamic warm-up, then transition into a calorie burning 30 minute exercise routine set to music. This class will combine the fun and camaraderie of small group training with timed (short intervals) body weight, light weight and resistance band exercises. (No gym required!) The class will conclude with 5—10 minutes of static stretching and light discussion on the latest fitness/nutritional topics. Modifications and injury prevention are a priority, as is a willingness to have fun while exercising.
Bring: Wear sneakers and comfortable exercise clothes, and bring a yoga mat if you have one.

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Name: _____ D.O.B._____

Residential Address:_____
Street Address (required) Town (Chatham, North, South, West, Port?)

Mailing Address:_____
Street#/P.O. Box Town State Zip

Home #: _____ Work/Cell #: _____

Email Address: _____

Emergency Contact: _____ Telephone #:_____

Physician: _____ Telephone #:_____

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

_____ Date: _____
Signature

Registration Form Received By: _____ Date: _____