Chatham Community Center

Senior Lite Fitness

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

Carol Gordon — ACE certified Personal Trainer

Location: Chatham Community Center Aerobics Room

When: Mondays & Wednesday 11:30 – 12:15 A.M.
Starting May 1

Registration Fee: $10 per class

Description: Senior Lite Fitness is an older adult strength program designed to rebuild muscle strength and balance to help improve activities of daily living. Every 45-minute class will incorporate light dumbbell weights, a sturdy chair, (optional), a resistance band and the wall for some balance activities. The class is appropriate for men and women of varying ages and fitness levels, with tiered levels of difficulty for individual challenge.

Bring: Wear sneakers and comfortable exercise clothes.

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Small Group Circuit Class

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: _______________