

# Totally Fit Aerobics - May

**Instructor:** Susan Quin

Susan Quin holds certifications in Group Exercise, Zumba Fitness, Strength Training, Personal Training, Tai Chi, Aqua and Pilates. susanqh@comcast.net

**Who:** Active Adults

**When:** Monday, Wednesday & Friday 8:30—9:30 A. M.

**Location:** Chatham Community Center Aerobics Room

**Class Dates:** May 6 - 31 10 classes **No class: May 20 and 27**

<b>Fee Options:</b> FULL SESSION	\$100
8 class package	\$90
5 class package	\$70
Walk-in rate	\$15 per class

Please note the following class policies:

- All classes must be used during the current session; no class credit carry-over from one session to the next.
- Additional classes may be added to any package calculated at the "per class" rate for that package.

**Description:** One hour of total body fitness includes 30 minutes of cardio dance moves to music followed by upper body weight work, balance, floor exercises and stretching. Fun, easy-to-follow, adaptable to your level of fitness. **Bring:** mat

Clip here and return X

### Totally Fit Aerobics - May

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.

\_\_\_\_\_  
**Signature** Date: \_\_\_\_\_

Registration Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Check #: \_\_\_\_\_