Chatham Community Center

Totally Fit Aerobics

February 26 – April 6

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: February 26 – April 6

Fee Options:	FULL SESSION	$160
	2 times per week	$126
	Walk-in rate	$14 per class

Please note the following class policies:

- All classes must be used during the current session when purchasing a class option; no class credit carry-over from one session to the next.
- 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

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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: _____ Paid: _____ Check #: _____