

KENT COUNTY PARKS & RECREATION

SUMMER FITNESS CLASS SCHEDULE



WITH CHERAE

FEES PAID TO KCPR ARE NOT TRANSFERRABLE TO OTHER ZUMBA/AEROBIC CLASSES AT WC AND OTHER LOCATIONS. SEPARATE PAYMENT REQUIRED.

9 – 10 am, Monday/Wednesday/ Friday

Washington College Cain Gym

June 2 – July 30 (No Class July 4)

\$6 per class or \$100 for the full session (25 classes)

(FULL SESSION PASS MUST BE PRESENTED EACH CLASS)

OR PAY \$6/CLASS – NO EXCEPTIONS)

MINIMUM OF 16 FULL SESSION STUDENTS BY 5/28

~ CHILDREN'S AREA NOT AVAILABLE ~

AEROBICS WITH ELLEN

5 – 6:30 pm, Wednesday

Washington College LFC Dance Studio

June 4 – August 6

\$6 per class or \$40 for the full session (10 classes)

(FULL SESSION PASS MUST BE PRESENTED EACH CLASS)

OR PAY \$6/CLASS – NO EXCEPTIONS)

MINIMUM OF 10 FULL SESSION STUDENTS BY 5/28 REQUIRED

~ CHILDREN NOT PERMITTED WITHOUT ADULT SUPERVISION ~

FEES PAID TO KCPR ARE NOT TRANSFERRABLE TO OTHER ZUMBA/AEROBIC CLASSES AT WC AND OTHER LOCATIONS. SEPARATE PAYMENT REQUIRED.

\$4 CLASS BY CLASS DISCOUNT

MUST PRESENT PHOTO ID:

Washington College (Faculty, Student, Staff, 1782)

Kent County Government Employees

State of Maryland Employees

~ NO ADDITIONAL DISCOUNT FOR FULL SESSION FEE ~

CONTACT MYRA BUTLER FOR MORE INFORMATION

410-778-1986 OR MBUTLER@KENTGOV.ORG

INTERESTED IN KCPR ZUMBA & KCPR AEROBICS? CALL/EMAIL FOR PRICE INFO.



KENT COUNTY PARKS & RECREATION
P.O. Box 67 * Worton, MD 21678
410-778-1986/1948
SUMMER FITNESS REGISTRATION

Check Full Session (PASS MUST BE PRESENTED AT EACH CLASS):

AEROBICS \$40 Wednesday Only 5-6:30 pm WC Lifetime Fitness Ctr. 6/2 - 8/6 (10 classes)
ZUMBA \$100 Mon, Wed & Fri 9-10 am WC Cain Gym 6/2 - 7/30 (25 classes) Closed July 4
AEROBICS & ZUMBA \$125

OR Check Class by Class \$6: AEROBICS Only ZUMBA Only AEROBICS & ZUMBA

Photo ID Class by Class \$4: Washington College Affiliate County Employee State Employee
(PHOTO ID MUST BE PRESENTED AT EACH CLASS OR PAY \$6)

PLEASE PRINT CLEARLY.

Name: Gender: Male / Female Age:

Mailing Address: Where Mail is Delivered City, State Zip Code

Home #: Work: Other:

**Email Address(es):

*WHERE TO CONTACT YOU WHEN CLASS IS CANCELLED BY INSTRUCTOR DAY OF CLASS? Home, Work, Other, Email

Emergency Contact: Phone Numbers:

MEDICAL/PHYSICAL INFORMATION: Please answer the following questions. Answers are confidential and used by the instructor for safety and monitoring purposes.

List any medical or physical conditions or family history that may inhibit your activity in a fitness/conditioning class?

Release and Waiver

Aerobics/Fitness/Conditioning classes are an intense, cardiovascular activity that requires individuals to be in adequate physical condition. As a participant in the fitness program, I feel that I am in good health and have no condition that could endanger my well-being through participation. I am hereby waiving and releasing Kent County Parks & Recreation, its officers, directors, employees and agents from any and all claims, costs, liabilities, expenses, or judgments arising out of my participation. Before starting any fitness program you should first visit your physician for approval and thorough evaluation of your physical ability to participate. In addition I give permission for Kent County Parks and Recreation to take photographs of my participation for the purpose of archives and advertising. My signature below indicates that I have thoroughly read and understood the above waiver and am in agreement.

Participant's Signature: Date:

Parent/Guardian Signature: Date:

(If participant is less than 18 years of age)

DO NOT WRITE BELOW THIS LINE

Photo ID Verified Class by Class \$4: Washington College County Employee State Employee

Aerobics: \$40 (FS) CASH/CHECK# DATE PD: / / INITIALS or \$6 Class by Class Aerobics Only

Zumba: \$100 (FS) CASH or CHECK# DATE PD: / / INITIALS or \$6 Class by Class Zumba Only

Both: \$125 (FS) CASH or CHECK# DATE PD: / / INITIALS or \$6 Class by Class Both