



9/11 Memorial Sports Center Fitness Room

Fitness Room 101: \$20 residents, \$30 non-residents

Fee includes the class and use of the fitness room during open hours through the end of December!

*Must pre-register for class! Minimum: 4, Maximum: 10
The registration form is below. Just fill it out and send it with your payment to the Parks & Recreation Department...It's that easy!*

Fitness Room 101 will include instruction on how to use the fitness machines, finding your target heart rate, proper stretching and what should be included in a complete workout. Approx. 30 - 45 minutes. Taught by JoAnn Huffman, Fitness Coordinator.

Schedule of Classes

Monday:

November 10 at 5pm

Friday:

November 7 at 3pm

Tuesdays:

Election Day: November 4 at 8:30am, 10:30am, and 1:00pm

Veteran's Day: November 11 at 10am

"Kids" Fitness Room 101: Tuesday November 11th at 11am

Just for Kids in grades 3 to 8!

Wethersfield Parks & Recreation Department

Fitness Room 101 Registration Form

Submit with payment to: Town of Wethersfield, Parks & Recreation Department, 505 Silas Deane Highway, Wethersfield, CT 06109.

1. HOUSEHOLD CONTACT INFORMATION

Primary Contact First Name* _____ Last Name* _____
 Secondary Contact First Name _____ Last Name _____
 Household Address* _____ City* _____ State* ____ Zip* _____
 Primary Contact Home Phone* _____ Work Phone _____ Cell Phone _____
 Primary Contact Email Address _____
 Emergency Contact First Name _____ Last Name _____
 Emergency Contact Phone _____ Relationship _____

2. PROGRAM REGISTRATION

Participant First Name* _____ Last Name* _____
 Gender* M F Date of Birth* ____-____-____ Age* ____ Grade*(If applicable) _____
 Special Information (allergic reactions, medical conditions, medications, etc.) _____

Program	Code*	Title*	Fee Paid*
1		Fitness Room 101 Please Circle Class Date/Time you will attend:	\$20 res. \$30non res.
		Tuesday Nov. 4: 8:30am 10:30am 1:00pm	
		Monday Nov. 7: 3:00pm	
		Friday Nov. 10: 5:00pm	
		Tuesday Nov. 11: 10:00 am or Kid's Fit: 11:00am	
Total *			

3. WAIVER*

I acknowledge that there are certain risks in participating in a recreational activity and agree to assume the risk of injury which I and/or my child may encounter. I grant permission to seek emergency medical care on behalf of myself and/or child. (Medical approval is suggested for those participating in any exercise program.) I further agree I will not hold employees of the Town of Wethersfield or its agents liable for any injuries which I and/or my child may encounter.

Parent/Guardian Signature _____ Date _____

4. PAYMENT INFORMATION*

Payment Total _____

- Cash
- Check or Money Order (payable to the Town of Wethersfield)
- MasterCard VISA Number _____ - _____ - _____ Expiration Date ____/____

I agree to pay the total amount above according to cardholder agreement. Please refer to refund policy in brochure.

Signature _____ Date _____

Office Use Date Processed _____ By _____ Amount \$ _____ Cash Check # _____ Credit Card