



Town of Mendon Parks Department

Zumba Fitness® Registration Form

Mondays 7:00 - 8:00 PM (September 8th-October 28th) - No class October 13th

Wednesdays 7:30 - 8:30 PM (September 10th-October 22nd)

Henry P. Clough Elementary School Cafeteria - 10 North Ave, Mendon

Name: _____

Address: _____

(Street)

(Town)

(State)

(Zip)

Phone: _____ Email: _____

_____ Monday Class (7 classes \$42 for Mendon Residents/\$47 for Non-residents)

_____ Wednesday Class (7 classes \$42 for Mendon Residents/\$47 for Non-residents)

_____ Both (14 classes \$79 for Residents/\$85 for Non-residents)

Punch cards available for those doing one night 6, 5 & 4 class options are available. For those taking both nights 13, 12 and 11 class options are available.

_____ 13 class punch card \$75R/\$82NR

_____ 6 class punch card \$40R/\$44NR

_____ 12 class punch card \$71R/\$75NR

_____ 5 class punch card \$35R/\$38NR

_____ 11 class punch card \$66R/70NR

_____ 4 class punch card \$29R/\$31NR

Drop-in's are also welcome at \$8 per class

Amount enclosed: \$_____ Make Checks Payable To: **Town of Mendon**

Registrations may be brought to class, dropped off at the Town Hall

or sent by mail to:

Mendon Parks Department

20 Main Street

Mendon, MA 01756

Parks Dept Use

AMT:\$ _____

Ck # _____

If you have any questions, please contact the Parks Department at

508-473-0600 or by email at parkcomm@mendonma.gov

Please note that a minimum number of participants will need to register for the class in order for it to run. Sorry, no refunds are available unless the class is cancelled or full.

Like us on Facebook at:

www.facebook.com/FitnessWithDebClare

&

www.facebook.com/MendonParks



Name: _____ Date of Birth: _____

Address: _____
(street) (town) (state) (zip)

Email: _____ Phone: _____

Do you have any special needs/medical conditions? YES___ NO___

If Yes, Please Explain: _____

Emergency Contact: Name: _____ Telephone: _____

RELEASE OF LIABILITY

1. I am or will be participating in ZUMBA© classes, offered by Debra Fowler Clare through the Town of Mendon. I recognize that ZUMBA© requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA© Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA© Classes.
3. In consideration of being permitted to participate in ZUMBA© Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the ZUMBA© Classes.
4. In further consideration of being permitted to participate in ZUMBA© Classes, on behalf of myself and my representatives, successors, assigns and any person claiming by, under, through, or in concert with me, I knowingly, voluntarily, unconditionally, irrevocably and expressly give up, remise, waive, release, discharge and covenant to hold harmless Debra Fowler Clare and the Town of Mendon (including its past, present and future departments, boards, employees, officials, agencies, volunteers, representatives, successors, agents, and assigns) from and against any and all actions, claims, demands, damages, causes of action, liabilities, losses, costs (including attorney fees), and injuries of every kind and description, including death, in any way arising out of, in connection with, or incident to, my participation in ZUMBA© classes.
5. I have read the Release of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date