

Zumba

Instructor: Kelly Arlen

Monday April 15th -May 20th @ 6:30pm in Town Hall

West Branch Parks and Recreation

For more information contact: Melissa Russell

319-643-4212 or recdirector@westbranchiowa.org



Zumba classes feature exotic rhythms set to high-energy Latin and international beats. Before participants know it, they're getting fit and their energy levels are soaring! There's no other fitness class like a Zumba Fitness-Party. It's easy to do, effective and totally exhilarating, often building a deep-rooted community among returning students. **ZUMBA FITNESS®. MOVING THE WORLD TO A NEW BEAT.**

Are you ready to party yourself into shape? That's exactly what the Zumba® program is all about. It's an exhilarating, effective, easy-to-follow, Latin-inspired, calorie-burning dance fitness-party™ that's moving millions of people toward joy and health.

Registration Form

Name: _____

Email: _____

Phone Number: _____ Cell Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Waiver

By signing this agreement, I the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury and protective equipment does not prevent all injuries to participants. I hereby give permission for my child, ward, or myself to participate in the below registered program and/or activity and certify that my child (or myself) is physically fit to join in the activities. I hereby waive, release, and agree not to hold the City of West Branch Parks and Recreation Department, West Branch Community School District, sponsors, supervisors, and volunteers liable for any injuries that may occur as a result of participation in these activities. I also give my permission for any photos/videos, etc. of these participants taken during a program to be used for future departmental promotional materials. Please take note and govern yourself accordingly.

THE WEST BRANCH PARKS AND RECREATION DEPARTMENT AND THE CITY WEST BRANCH HAVE NO ACCIDENT INSURANCE TO PROTECT THE PARTICIPANTS.

Participant/Parent Signature: _____

Please make checks payable to Kelly Arlen. Bring payment the first night of class.

Mondays Apri15th -May 20th 6:30 pm @ Town Hall \$37.00 (6 week session)

TOTAL _____