

DANCE OFF THE POUNDS

Do you love music and dancing?? This class is all about having fun while moving to great music, and without even knowing it, getting fit and healthy!! Come spend 30-minutes in this low impact class which is definitely not a low energy workout! It is sure to make you sweat and help you get in shape. This dance workout class is for everyone, regardless of age, weight, or ability.



AGES: Adults, 18 years & older
MIN./MAX.: 6/16

LOCATION: Byron P.E. Center Aerobics Room
INSTRUCTOR: Lana Vaile

<u>CODE</u>	<u>DAY</u>	<u>DATES</u>	<u>TIME</u>	<u>FEE</u>
220580-B2	TU./THUR.	1/30 3/1	4:45 - 5:15 p.m.	\$54 res./\$58 nr.
320580-C3	TU./THUR.	3/60 4/26	4:45 - 5:15 p.m.	\$48 res./\$52 nr.
320580-C4	TU./THUR.	5/10 6/28	4:45 - 5:15 p.m.	\$54 res./\$58 nr.

NOTE: Register for both Dance Off the Pounds and Tighten and Tone in the same session and receive a discounted price! (Session I & III \$83/\$87; Session II \$74/\$78)

REGISTRATION DEADLINES: 12/19, 2/27 & 4/23 or until maximum capacity is reached

Winter-Spring 2012

DANCE OFF THE POUNDS PROGRAM

Name: _____ Birthdate: _____ Phone: _____

Address/City/Zip: _____

E-Mail Address: _____

Circle Session: Session I: 1/3—3/1 \$54/\$58 Session II: 3/6-4/26 \$48/\$52 Session III: 5/1—6/28 \$54/\$58

<u>OFFICE USE ONLY:</u>	Rec.'d By: _____	Amt. Pd.: \$ _____	Pymt. Type: Cash	Check # _____	CC Type: _____
Card #:	_____	Exp. Date: _____	Cardholder's Name:	_____	

RELEASE OF LIABILITY STATEMENT

In consideration of me (or my child/ward) being allowed to enroll in this course(s), I hereby personally assume all risks in connection with this activity and I release the instructors, supervisors, owners and the Byron Park District for any injury or damage and further I save and hold harmless the instructors, supervisors, owners and the Byron Park District from any claim by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation. I have read and fully understand the above program details and waiver release of all claims.

Signature of Participant or Parent/Guardian _____ Date _____

