

# COED KETTLEBELL CLASSES

**GET A GREAT WORKOUT IN ONLY 30 MINUTES**



Originating in Russia, a Kettlebell is a centuries old training tool that looks like a cannon ball with a handle. Kettlebell Training is different than other forms of weight training because many parts of the body are exercised simultaneously, and in addition, Kettlebell Training elevates the heart rate of effective cardiovascular training. Kettlebell Training will build long lean muscles; improve strength and power in the upper body, core, and lower body as well as increase coordination, mobility and overall endurance.

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

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

**SESSION I: January 2—March 1, 2012**

<u>CODES</u>	<u>DAYS</u>	<u>FEES</u>
220511-B1	1 day/wk.	\$32 res./\$34 nr.
220511-B2	2 days/wk	\$54 res./\$58 nr.
220511-B3	3 days/wk	\$72 res./\$76 nr.
220511-B4	4 days/wk	\$83 res./\$87 nr.

**DAYS & TIMES OFFERED**

Monday from 4:45-5:15 p.m.  
 Tues./Thur. from 5:45-6:15 p.m.

**SESSION II: March 5—April 26, 2012**

<u>CODES</u>	<u>DAYS</u>	<u>FEES</u>
320511-C1	1 day/wk.	\$29 res./\$31 nr.
320511-C2	2 days/wk	\$48 res./\$52 nr.
320511-C3	3 days/wk	\$64 res./\$68 nr.
320511-C4	4 days/wk	\$74 res./\$78 nr.

**REGISTER BY:** 12/19, 2/27  
*or until maximum capacity is reached*

**COED KETTLEBELL TRAINING**

*Jan—April 2012*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Session Code: \_\_\_\_\_ Days/Wk: \_\_\_\_\_ Fee: \_\_\_\_\_

**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

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