



Zumba is a fun and energetic dance-fitness workout that feels like a party. Come join me and you'll see what I mean. You don't even have to know how to dance; just move your body and follow my lead. Zumba combines hypnotic Latin rhythms and easy to follow moves to create a dynamic workout that will blow you away. Experience one hour of calorie-burning, heart-racing, body-energizing, and inspiring movements. The routines feature interval training sessions where fast and slow rhythms and resistance training are combined to tone and sculpt your body while burning fat. **Registrations must be handed in to the office**

**not to the instructor, at the address listed below before you start attending classes.**  
signature on the waiver below is required

**Wear comfortable clothes & sneakers, and bring a drink! Ditch the workout, and join the party!**

**Fee:** \$35 per 6-week session residents, \$40 nonresidents

No makeup classes are offered if you choose not to attend all 3 classes per week

\*Hall rentals will occasionally prevent holding class - when possible, these will be rescheduled\*

**Location:** Feasterville Firehouse, 20 Irving Place

**Day & Time:** Monday Wednesday Thursday at 6:30 PM

**Winter 2017 Session:**

January 9th - February 16th

(No class on 1/12 & 2/9 due to a previously scheduled function)

Call 215-357-7300 x340 with any questions about this program

## Lower Southampton Township Program Registration Form

(Please use one form to register one person for the designated program. **NO REFUNDS ARE GIVEN.**)

Return this completed form with payment to: Lower Southampton Township, 1500 Desire Avenue, Feasterville, PA 19053.

Registrant's Last Name		Registrant's First Name		Phone Number		
Street Address		City, State, & Zip Code		Alternate Phone		
Health Problems/Allergies		Date of Birth		Email Address		
Parent's Name(s) (If Minor Child)		School		Current Age	Gender	Grade
Physicians Name		Phone Number		Resident of Lower Southampton Township: CIRCLE ONE YES NO		
Emergency Contact		Phone Number		Relationship		
Program Title (One per form)		Select Days you plan to attend: Monday Wednesday Thursday		Start Date		Fee
Credit Card (Circle One) VISA MC	Account #		Expiration Date	Security Code	Phone Number	
Name on Card		Signature for Credit Card		Street Address		
<small><b>All participants are required to sign this form.</b> Please check with your doctor before registering in any fitness or exercise program. I, the parent or guardian of the above minor or myself, submit that my child/I, is/am able to participate in the above activity and wave Lower Southampton Township, its staff and affiliates of any responsibility of injury or illness. This program is facilitated by the Parks &amp; Recreation Department. Photos may be taken at any of all Lower Southampton Township activities and used for promotions for future events. If you do not want your picture and/or your child's picture taken or published, please send a letter and/or e-mail addressing this concern to Administration@Lowersouthampton township.org.</small>		City, State, & Zip			Signature of Agreement for Waiver	
					Date	