



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.

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

**Fee:** \$30 per 6-week session residents, \$35 nonresidents  
**Location:** Scottsville United Methodist Fellowship Hall, 2400 Brownsville Rd  
**Day & Time:** Tuesday & Thursday @ 7:00 PM

**2018 Session:**  
 January 9th-February 15th

Register online  
[www.lowersouthampton.recdesk.com](http://www.lowersouthampton.recdesk.com)

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: Tuesday 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	
<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 waive Lower Southampton Township, its staff and affiliates of any responsibility of injury or illness. This program is facilitated by the Parks & 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.org.		City, State, & Zip		Signature of Agreement for Waiver	
				Date	