



Town of Wappinger
Spring 2017 Cardio & Strength
Exercise Program for Adults



15 Classes: Mar. 14, 16, 21, 23, 28, 30, Apr. 4, 6, 18, 20, 25, 27, May 2, 4, 9

Hours: 6:30 p.m. - 7:30 p.m., Tuesday & Thursday evenings.

Location: Evans Elementary School Gymnasium **Attendees:** Women and men 16 years and up

Fee: \$55.00 – Town residents \$70.00 – Non-residents

Instructor: Rosemary DiGennaro

Contact: Recreation Department 297-0720

Program Description: This high energy cardio and strength exercise class incorporates basic calisthenics, kick boxing, functional sport-specific training, and resistance training using bands and hand weights. Participants will benefit by an increase in cardiovascular fitness, core strength, improved balance and flexibility.

Registration

1. You can register in person the first day of class or at the Recreation office.
2. You will need the following items to register:
 - One completed application for each attendee being registered.
 - A check made out to: Town of Wappinger
 - New Students: proof of residency, age (if minor)

Town of Wappinger Recreation
20 Middlebush Road
Wappingers Falls, NY 12590

Winter 2017 Cardio and Strength Exercise Program

Mar. 14 – May 9

Name:							
Address:							
No.	Street	Town	State	Zip code			
Home #:							
Cell #:							
Email:							
In the event of an emergency please list emergency contact:							
Name:		Phone #:		Cell#			
Relationship:		Address:					
Medical Information: Please check and list specifics.							
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Heart Disease/Defect	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Chronic Illness
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Bleeding/Clotting	<input type="checkbox"/>	Drug Allergies
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Behavioral Problems	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	Other
Specifics							

CONSENT FORM

I give my **son / daughter** (age _____) or **myself** _____ permission to attend and participate in activities under the sponsorship of the Town of Wappinger Recreation Committee. I agree that the Town of Wappinger will not be held responsible for injuries that may occur during his/her or my stay. The person enrolled herewith is in good health and has no medical problems which affect his/her or my ability to safely participate in your programs. In the event I cannot be reached in an emergency, I authorize the Town of Wappinger to attend to any health problems or injury which might occur while attending or participating in Town activities. It is my responsibility to provide transportation to and from the point of departure.

Circle appropriate choice: I **DO DO NOT** give my permission to allow any photographs taken of **me / my child's** participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Signature: _____

Print Name: _____ Date: _____

Refund Policy: Full refunds will be issued up to 14 days prior to the program start date. A 50% refund will be granted up to 7 days prior to the start date. Each refund would be subject to a 5% processing fee. After that time (six days before program start), there will be NO refunds.

INITIAL: _____ **DATE:** _____