



**Borough of Seaside Park**  
RECREATION PROGRAM • WINTER 2011/2012

**BOROUGH HALL**  
1701 North Ocean Avenue  
Seaside Park, NJ 08752  
(732) 793-3700 FAX (732) 793-3737

**ZUMBA PROGRAM**

- MONDAYS: 12/5 – 2/27 • 9 Classes • Fee: \$45.00**
- Single Sessions \$5.00 per session # \_\_\_\_\_ X \$5.00 = \$ \_\_\_\_\_**

**PAID: Date \_\_\_\_\_ Cash [ ] Check # \_\_\_\_\_**

**REGISTRATION**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY • STATE • ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ EMERGENCY TELEPHONE \_\_\_\_\_

**PERSONAL FITNESS INFORMATION**

Have you seen a physician in the last year? \_\_\_\_\_

Any medical problems? \_\_\_\_\_ If **YES**, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been hospitalized during the past year? \_\_\_\_\_ If **YES**, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a physician advised you to exercise? \_\_\_\_\_

Has a physician advised that you **NOT** exercise? \_\_\_\_\_

Please list exercises that work best for you:

\_\_\_\_\_

*In consideration for the granting of the right to participate in this activity, the undersigned hereby waives and releases the Borough of Seaside Park and its representatives and employees from the responsibility for any and all injuries or liability resulting from participation.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date