



Zumba Fitness Class Registration

(Checks payable to Green Tree Borough)

Family Name (last name) _____ Phone _____

Address _____ E-Mail _____

Emergency Contact _____ Phone _____



ZUMBA
FITNESS

April 6-May 16, 2010

May 18-June 27, 2010

Zumba Cost:

Resident - one class per week	\$40	Non-Resident - one class per week	\$45
Resident - two classes per week	\$65	Non-Resident - two classes per week	\$70
Resident - 3 classes per week	\$90	Non-Resident - 3 classes per week	\$95

Individual Class \$10/each

Sundays at 1:00 p.m.

Tuesdays at 5:00 p.m.

Fridays at 5:00 p.m.

All classes held in the Green Tree Municipal Center Gym.

Participant's First Name	Age	Session #3 - Apr. 6-May16				Session #4 - May 18-June 27				TOTAL
		1class/wk.	2 classes/wk.	3 classes/wk.	Individual Class	1class/wk.	2 classes/wk.	3 classes/wk.	Individual Class	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

TOTAL AMOUNT: \$ _____

Do any of the above participants have any allergies? Yes No

If yes, please name participant and explain: _____

Green Tree Borough Statement of Understanding & Release

We, the undersigned, _____, hereby enroll in the Zumba Fitness Class for the Borough of Green Tree.

By enrolling, we recognize and agree that:

1. Participation in programs and recreational activities can result in serious injury and disabilities;
2. Green Tree Borough is not responsible for any and all medical expenses and/or injuries sustained while participating in the said Program;
3. Health insurance coverage for any individual participating in the Zumba Fitness Classes is not provided by the Borough of Green Tree. Responsibility for providing medical insurance, if any, is that of individual enrolled.
4. In consideration of the Borough agreeing to accept the undersigned in its Zumba Fitness Classes, we hereby release and hold harmless the Borough of Green Tree, its officers and employees, from any and all liability for any injury, liability or claim that might arise by reason of our child(ren)'s participation in the Program;
5. Photos may be taken of Zumba Fitness Class participants and published in local publications, web media and/or videos.

Signature Required: _____ Date: _____

Submit registration and fees to the Green Tree Municipal Center, 10 W. Manilla Ave., Pittsburgh, PA 15220.
ALL FEES ARE NON-REFUNDABLE. ALL CLASSES ARE SUBJECT TO MINIMUM PARTICIPATION.
Checks payable to Green Tree Borough.