

A: _____
#: _____
D: _____

FITNESS FOR LIFE

Forms must be submitted prior to the first class of the month for which you are registering.

This is the perfect class for retirees, stay at home moms with school age children and those who work 2nd & 3rd shift jobs. The very experienced instructor places enormous emphasis on your safety in her teaching methods. One half of the class is a low impact aerobic workout for cardio-pulmonary fitness. It may consist of dance, kick-boxing, circuit training or a combination for the three. Aerobics do help trim the body and temporarily increase the metabolism. The second half of the class is set aside for toning. Building lean muscle mass increases the metabolism 24/7. Upper body and abdominal work are included in every class. Instructor teaches modifications for beginners or those with range of motion restrictions. **This Class meets Mondays, Wednesdays & Fridays in the Marshall Mason wing of the Berkeley 2000 Recreation Center from 8:30-9:30am.**

The 2 day a week class is \$32 and the 3 day a week class is \$46 per person, per month.

Name _____ Date of Birth _____ Gender _____
Address _____ Age _____
City, _____ State, _____ Zip _____
Work Phone _____ Home Phone _____ E-mail Address: _____
Emergency Contact Name: _____ Phone: _____
Family Insurance: _____
Do you have any medical concerns which we should be aware of? _____ if so, please explain. _____

LIABILITY WAIVER: I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and I do hold harmless the Martinsburg-Berkeley County Parks & Recreation Board, the Berkeley County Soccer League, coaches, assistant coaches, and any and all other volunteers, organizers, supervisors, participants, and persons transporting me to and from activities, for any claims arising out of injury to me except to the extent and in the amount covered by the accident or liability insurance carried by such person.

MEDICAL RELEASE: I further grant permission for emergency first-aid to be given to me in case of injury. If deemed necessary, I grant permission for me to be taken to the emergency room of a nearby hospital and its staff has my authorization to provide treatment which a physician deems reasonably necessary for the well-being of my child.

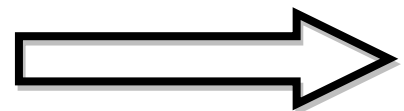
REFUND POLICY: Martinsburg-Berkeley County Parks & Recreation will give full refunds only for programs/leagues we are unable to offer.

INCLEMENT WEATHER POLICY: Please tune into the local radio stations: **WRNR (740AM), WEPM (1340 AM), WKMZ (95.9 FM), or WLTF (97.5 FM)** for information on game cancellations.

Signature _____ Date _____

Please be sure the application is signed and mailed to Martinsburg-Berkeley County Parks & Recreation, 273 Woodbury Avenue, Martinsburg, WV 25404 or dropped off at our office (same address) Monday-Friday, 9 AM-5PM. For more information contact Parks & Recreation at 264-4842 or visit our website: www.mbcparcs-rec.org

PLEASE INDICATE THE CLASS FOR WHICH YOU ARE REGISTERING BY CHECKING THE APPROPRIATE BOX ON THE BACK OF THIS FORM.



MONTH	✓	CLASS #	2 DAYS A WEEK	✓	CLASS #	3 DAYS A WEEK	OFFICE USE ONLY
JAN		1903.1102	2 DAYS A WEEK		1903.1103	3 DAYS A WEEK	A: _____ #: _____ D: _____
FEB		1903.1202	2 DAYS A WEEK		1903.1203	3 DAYS A WEEK	A: _____ #: _____ D: _____
MAR		1903.1302	2 DAYS A WEEK		1903.1303	3 DAYS A WEEK	A: _____ #: _____ D: _____
APR		1903.2102	2 DAYS A WEEK		1903.2103	3 DAYS A WEEK	A: _____ #: _____ D: _____
MAY		1903.2202	2 DAYS A WEEK		1903.2203	3 DAYS A WEEK	A: _____ #: _____ D: _____
JUNE		1903.2302	2 DAYS A WEEK		1903.2303	3 DAYS A WEEK	A: _____ #: _____ D: _____
JULY		1903.3102	2 DAYS A WEEK		1903.3103	3 DAYS A WEEK	A: _____ #: _____ D: _____
AUG		1903.3202	2 DAYS A WEEK		1903.3203	3 DAYS A WEEK	A: _____ #: _____ D: _____
SEPT		1903.3302	2 DAYS A WEEK		1903.3303	3 DAYS A WEEK	A: _____ #: _____ D: _____
OCT		1903.4102	2 DAYS A WEEK		1903.4103	3 DAYS A WEEK	A: _____ #: _____ D: _____
NOV		1903.4202	2 DAYS A WEEK		1903.4203	3 DAYS A WEEK	A: _____ #: _____ D: _____
DEC		1903.4302	2 DAYS A WEEK		1903.4303	3 DAYS A WEEK	A: _____ #: _____ D: _____

