



Zumba Kids classes feature kid-friendly routines based on original Zumba choreography. We break down the steps, add games, activities and cultural exploration elements into the class.

Kids Ages: 7-11

Kids Dates: April 29—June 17

Kids Times: Wednesdays 5:00-5:45pm Kids Fees (Session Fees only, no Drop in): C \$44 S \$60 N \$76 (Min 8 needed)

Zumba<sup>®</sup> Fitness classes are often called exercise in disguise. We take the "work" out of workout by mixing low-intensity and high intensity moves for an interval-style, calorie-burning dance fitness party.

Fit Ages: 16+

**Fit Dates:** 

Session 1: March 4—April 22

Session 2: April 29—June 17

\*Summer: June 24—July 29

Fit Times: Wednesdays 6:00-7:00pm

Fit Fees:

Session: C \$44 S \$60 N \$76

Drop in: C\$ 6 S\$ 8 N\$10

Instructor for Zumba: Janine Hawthorne









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Check #:

Cash Amount:

Total Amount:

There will be no reminder phone calls about the clinics/programs, please keep the calendar of dates! Please make checks payable to the Commissioner of Finance.

Date:

## City of Saratoga Springs' Recreation Department Winter 2 — Spring Program Registration

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circle one:	City Resident	School Dist	School District Resident  Non School District Resident						
ast Name	Firs	it	Male Female	Current Gra	ade	Gr Entering Sept. 2015	Birth Date		Ag
ddress	Cit	y	State	Zip Code			School		<u> </u>
arent / Guardian Last Nam	ne Firs	it	Email				Primary Phone		-
Have you complete	ed the 2015 Annual	Permission agre	ement?	Yes	1	No If yes, date:	<u></u>		_
		ZUMBA	A Jan. 7—Fe	b. 25, 2015					
Circle Session (s)			e applicable am						
Jan. 7—Feb. 25 Full Session	City Res \$44	6RZACC	Scho	ol Res \$60	6RZA	ACS Non	School Res \$76	6RZA	\CN
Jan. 7—Feb. 25	City Res \$6	Sch	School Res \$8 6RZA		RZACS Non School Res \$10 6RZAG				
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Circle Session (s)		<u>Circl</u>	e applicable am	<u>ount</u>					
Mar. 3—Apr. 22 Full Session	City Res \$44	6RZACC	Scho	ol Res \$60	6RZA	ACS Non S	School Res \$76	6RZA	.CN
Mar. 3—Apr. 22	City Res \$6	6RZACC	Sch	ool Res \$8	6RZ.	ACS Non	School Res \$10	6RZA	CN
Drop In				· · · · ·					
		ZUMBA	Apr. 29—Ju	n. 17, 2015	5				
Circle Session (s)		Circle	e applicable am	<u>ount</u>					
Apr. 29—Jun. 17 Full Session	City Res \$44	6RZACC	Scho	ol Res \$60	6RZA	ACS Non	School Res \$76	6RZA	ıCN
Apr. 29—Jun. 17	City Res \$6	6P7ACC	Sch	ool Res \$8	6R7/	ACS Non	School Res \$10	6R7A	CN
Drop In									
	Zī	JMBA Kids ages	8-11 <i>Apr. 29</i> -	_Jun. 17, 1	2015	Min. 8			
Circle Session (s)		Circl	e applicable am	ount					_
Apr. 29—Jun. 17 Full Session	City Res \$44	6RZACC	Scho	ol Res \$60	6RZ	ACS Non	School Res \$76	6RZA	\CN
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Staff Initials:

Batch #:





### City of Saratoga Springs' Recreation Department Child Recreation Permission Agreement

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	СН	ILD'S INFORM	IATIO	4			
Child's Last Name First					Current Grade	Birth Date	
Street Address		City		State	Zip	Age	
Email				School Att	ending	Primary Phone	
	PARENTA	GUARDIAN IN	FORM	ATION			
Parent/Guardian Last Name	Firs			nt/Guardian	Last Name	First	
Street Address (if different) City		,	State		p	Cell ( )	
Email (if different)				<u>'</u>		Home ( )	
<del></del>	EMERGENCY M	IEDICAL AUT	IORI7.	ATION FO	RM		
Pertinent Medical Information: I		l problems, includi sheets if necessary	ng those		aintenance medicat	ions.	
		Allergies					
	EMERO	GENCY CONTA	CTȘ (ii	f you need a	additional contac	ts please attach)	
Last Name	First	Relati	Relationship to Child		Ph (	Phone ( )	
Last Name	First	Relationship to		to Child		Phone ( )	
		EDICAL AGRE					
I fully understand and acknowledge activities and use of any equipment dents, forces of nature or other cause treated by Certified Emergency Pers to contact the undersigned prior to reany medical treatment rendered on b	related to said activities may resul es may cause these risks and dange connel (i.e. EMT, First Responder, endering treatment, but that any tre	t in injury, illness or ers and I hereby accep , and/or Emergency I	death and it those ris Departmen	damage to per ks. In the ever t Physician). I	sonal property. I und it of an emergency, I t is understood that i	derstand other participants, acci- hereby authorize my child to be reasonable efforts shall be made	
Parent / Guardian Signature	-				Date		

### RECREATION AGREEMENT

Please consult your child's physician prior to your child's participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that your child has expressed a desire to participate in a City sponsored Recreation Program, it is important for you and your child to understand the goals and rules established for the Program. Each child will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.

In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my child's participation in Recreation sponsored activities. I also understand and acknowledge my child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that my child may be photographed or videoed and his/her name may be used for publicity purposes for the Saratoga Springs Recreation Program. I hereby agree to give permission for my child to participate in City sponsored Recreation Program activities and acknowledge no physical or emotional issue which would prohibit him/her from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child's participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.

Parent / Guardian Signature	Date

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# City of Saratoga Springs' Recreation Department Adult Recreation Permission Agreement

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Loct Nome		TICIPANT INFORM					
Last Name	First		Male Female	Birth Date	Cell ( )		
Street Address		City	State	Zip	Home		
		'		<b>F</b>	( )		
Email			0.1 (5)				
Citati			School Dis	strict			
		RGENCY CONTACT					
Last Name	First	Relationsh	ip to Participa	nt Ph	one )		
Last Name	First	Relationsh	Relationship to Participant Phone				
Terroradores de Policio de April de Sector de Compa	FMFPCENCV	MEDICAL AUTHOR	IZATION EC	)RM	Lines vinerale problemento e Apereso e sul		
Pertinent Medical Inf	formation: Please list any all						
	Please	attach additional sheets if	necessary.	oquing mamona	ioo modications.		
		Allergies					
		MEDICAL AGREEN	/ENT	uvistik (n. 41 km, 56). Yolke			
I fully understand and acknowledge				activities and that my	participation in said activities and		
use of any equipment related to sa	id activities may result in injur	y, illness or death and damage	e to personal prope	erty. I understand other	er participants, accidents, forces o		
nature or other causes may cause	these risks and dangers and I l	hereby accept those risks. In	the event of an er	nergency, I hereby a	uthorize to be treated by Certifie		
Emergency Personnel (i.e. EMT, I	irst Responder, and/or Emerge	ncy Department Physician).	It is understood the	at reasonable efforts s	hall be made to contact the under		
signed prior to rendering treatmen ment rendered.	t, but that any treatments will n	ot be withheld if the undersig	gned cannot be rea	ched. I assume full re	sponsibility for any medical treat		
Signature		<del></del>		Date			
Are services and a gradual state of the services and the			#ID NO		The second secon		
N L		CREATION AGREEN					
Please consult your physician prior to be capable of participating in any act	your participation in any City of	OI Saratoga Springs Recreation	ion Program. If the Commission, plea	ere are questions as to se contact the City's I	Recreation Department at (518)		
587-3550 extension 2300. In that you	u have expressed a desire to par	rticipate in a City sponsored	Recreation Program	m/Facilities, it is impo	ortant for you to understand the		
goals and rules established for the Pr	ogram. Each participant will ha	we Rules of Conduct explain	ed to him/her prior	r to the start of any ac	tivity. He/she must observe the		
rules as explained and accept the con	sequences of behavior modifica	ition if needed as outlined in t	the Recreation Hai	idouts.			
In signing this agreement, I acknowle	edge that I fully understand the	e are inherent risks and dang	ers associated witl	n my participation in l	Recreation sponsored activities.		
I also understand and acknowledge nage to personal property. I understan	ny participation in these activiti	es and use of any equipment	related to such act	ivities may result in it	njury, illness or death and dam-		
understand that I may be photographe							
	10 4 0		45 - 63-2		lunandadaa wa mbanisat ay awa		
I hereby agree to participate in City stional issue which would prohibit m	sponsored Recreation Program e from participation. Lagree to	activities in accordance with indemnify and save harmle	the City's rules at	nd regulations and act	anowledge no physical of emo-		
losses and expense (including, but n							
claim, damage, loss or expense is no		injury, sickness, disease, or o	death, or to injury	to or destruction of p	roperty caused by the negligent		
act or omission of the City, its agents	or employees.						
Ciamatura				Date			
Signature				Date			
		OFFICE USE ONLY					
City Resident (Y / N)	City Proof (ta	x bill, s/b/l number, lea	se agreement,	state/fed tax)	· · · · · · · · · · · · · · · · · · ·		
School District (Y / N)	School Distri	ct Proof (tax bill, s/b/l r	number, lease a	greement, state/fo	ed tax)		
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