



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® 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

Saratoga Springs Recreation Department  
15 Vanderbilt Avenue  
Saratoga Springs, NY 12866  
(518)-587-3550 ext 2300  
recreservations@saratoga-springs.org  
www.saratogarec.com



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# City of Saratoga Springs' Recreation Department

## Winter 2 — Spring Program Registration

### PARTICIPANT INFORMATION

Circle one:		<b>City Resident</b>	<b>School District Resident</b>	<b>Non School District Resident</b>			
Last Name	First	Male Female	Current Grade	Gr Entering Sept. 2015	Birth Date	Age	
Address	City	State	Zip Code		School		
Parent / Guardian Last Name	First	Email			Primary Phone (     )		

Have you completed the 2015 Annual Permission agreement?     Yes     No    If yes, date: \_\_\_\_\_

#### ZUMBA Jan. 7—Feb. 25, 2015

Circle Session (s)	Circle applicable amount					
Jan. 7—Feb. 25	City Res \$44 6RZACC		School Res \$60 6RZACS		Non School Res \$76 6RZACN	
Full Session						
Jan. 7—Feb. 25	City Res \$6 6RZACC		School Res \$8 6RZACS		Non School Res \$10 6RZACN	
Drop In						

#### ZUMBA Mar. 4—Apr. 22, 2015

Circle Session (s)	Circle applicable amount					
Mar. 3—Apr. 22	City Res \$44 6RZACC		School Res \$60 6RZACS		Non School Res \$76 6RZACN	
Full Session						
Mar. 3—Apr. 22	City Res \$6 6RZACC		School Res \$8 6RZACS		Non School Res \$10 6RZACN	
Drop In						

#### ZUMBA Apr. 29—Jun. 17, 2015

Circle Session (s)	Circle applicable amount					
Apr. 29—Jun. 17	City Res \$44 6RZACC		School Res \$60 6RZACS		Non School Res \$76 6RZACN	
Full Session						
Apr. 29—Jun. 17	City Res \$6 6RZACC		School Res \$8 6RZACS		Non School Res \$10 6RZACN	
Drop In						

#### ZUMBA Kids ages 8-11 Apr. 29—Jun. 17, 2015 Min. 8

Circle Session (s)	Circle applicable amount					
Apr. 29—Jun. 17	City Res \$44 6RZACC		School Res \$60 6RZACS		Non School Res \$76 6RZACN	
Full Session						

#### OFFICE USE ONLY

City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)			School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)			
Cash Amount:	Check #:	Total Amount:	Date:	Batch #:	Staff Initials:	
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.						

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

CHILD'S INFORMATION				
Child's Last Name	First	Male Female	Current Grade	Birth Date
Street Address	City	State	Zip	Age
Email	School Attending		Primary Phone ( )	

PARENT/GUARDIAN INFORMATION				
Parent/Guardian Last Name	First	Parent/Guardian Last Name	First	
Street Address (if different)	City	State	Zip	Cell ( )
Email (if different)				Home ( )

EMERGENCY MEDICAL AUTHORIZATION FORM
Pertinent Medical Information: Please list any allergies/medical problems, including those requiring maintenance medications. Please attach additional sheets if necessary. IF NONE MARK N/A
Allergies

EMERGENCY CONTACTS (if you need additional contacts please attach)			
Last Name	First	Relationship to Child	Phone ( )
Last Name	First	Relationship to Child	Phone ( )

MEDICAL AGREEMENT	
I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in recreational activities and that my child's participation in said activities and use of any equipment related to said 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 I hereby accept those risks. In the event of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician). It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered on behalf of my child.	
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

## PARTICIPANT INFORMATION

Last Name		First	Male Female	Birth Date	Cell ( )
Street Address		City	State	Zip	Home ( )
Email			School District		

## EMERGENCY CONTACTS (if you need additional contacts please attach)

Last Name	First	Relationship to Participant	Phone ( )
Last Name	First	Relationship to Participant	Phone ( )

## EMERGENCY MEDICAL AUTHORIZATION FORM

Pertinent Medical Information: Please list any allergies/medical problems, including those requiring maintenance medications.  
Please attach additional sheets if necessary.

**Allergies**


## MEDICAL AGREEMENT

I fully understand and acknowledge that there are inherent risks and dangers in my participation in recreational activities and that my participation in said activities and use of any equipment related to said 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 I hereby accept those risks. In the event of an emergency, I hereby authorize to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician). It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered.

Signature

Date

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## RECREATION AGREEMENT

Please consult your physician prior to your 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 you have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important for you to understand the goals and rules established for the Program. Each participant 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 participation in Recreation sponsored activities. I also understand and acknowledge my 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 I may be photographed or videoed and my name may be used for publicity purposes for the Saratoga Springs Recreation Program.

I hereby agree to participate in City sponsored Recreation Program activities in accordance with the City's rules and regulations and acknowledge no physical or emotional issue which would prohibit me 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 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.

Signature

Date

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## OFFICE USE ONLY

City Resident (Y / N)

City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)

School District (Y / N)

School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)
