

## Lyndhurst Health Department Meadowlands Area YMCA FALL 2011 REGISTRATION FORM

**New Payment: Checks only, made payable to Meadowlands Area YMCA**

Mail or bring checks to:

Gloria Cucco, Lyndhurst Health Department, 253 Stuyvesant Avenue, Lyndhurst, NJ 07071

**During Fall Session, Class Location will change to: 601 Riverside Avenue, Lyndhurst, NJ**

**15 Classes Each**

- YOGA** Mondays 5-6 pm
- ZUMBA** Mondays 7-8 pm
- ZUMBA** Tuesdays 6-7 pm
- ZUMBA** Tuesdays 7-8 pm
- ZUMBA GOLD** Thursdays 6-7 pm
- ZUMBA GOLD** Thursdays 7-8 pm

**Pre-Registration Required**

- Start Date: September 19**
- Start Date: September 19**
- Start Date: September 20**
- Start Date: September 21**
- Start Date: September 22**
- Start Date: September 22**

Please bring a mat for Yoga. Wear sneakers or dance shoes for Zumba. Bring water.

**Please use a separate form for each participant.**

**You may use one form to register for multiple classes.**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_ **Town/State/Zip** \_\_\_\_\_

**Phone # to contact you (i.e. if the class needs to be cancelled: ( )** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_ **phone** \_\_\_\_\_ **relationship:** \_\_\_\_\_

**All classes meet for 15 sessions. Price reflects entire cost for all 15 classes. Fee is non-refundable.**

**Checks should be made payable to the Meadowlands Area YMCA (No Cash)**

**Cost:**  **\$45.00 Lyndhurst residents**

**\$75.00 Non-residents**

**Fee:** \_\_\_\_\_ **Paid on** \_\_\_\_\_ **collected by:** \_\_\_\_\_ (initials)

**Have you participated in a Meadowlands YMCA program in the past year? YES  NO**

**Are you a YMCA member? YES  NO  Exp Date:** \_\_\_\_\_ **Are you renewing membership? YES  NO  - Exp Date:** \_\_\_\_\_

I hereby release, indemnify, keep and hold harmless, for myself and on behalf of my child/children, my family, heirs, executors, administrators and assignees, the Township of Lyndhurst, the YMCA and its officers, members, employees, agents and successors of any of the aforementioned, against and from any and all liability with regard to any injury, loss, claim, and/or damage to myself or my child/children and from any loss, damage, claims, causes of action, liabilities, obligations, demands, or expenses asserted against the Township of Lyndhurst, the YMCA or its officers, members, employees, agents, and successors, by any person, persons, or entity, as well as from and against all costs, counsel fees, expenses and liabilities incurred in the event or activity identified above. This release waives all claims, including those of which I am not aware and those not mentioned in this release. I understand that the Township of Lyndhurst or the YMCA may photograph or film any participant and use said pictures for any form of advertising or promotion as deemed appropriate.

I am unaware of any physical or health condition, which would prevent or limit my participation. I am aware of the potential risk of injury, and I possess adequate insurance protection to cover injuries and or damages.  
**Before I start Zumba, I will discuss with my personal physician the risks and benefits of participating in Zumba.**

I hereby agree to above and do fully release from any and all medical and legal liability or responsibility that may arise, directly or indirectly, from or through my participation in programs at the Lyndhurst Health Department. **SIGNATURE REQUIRED TO PROCESS REGISTRATION**

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

If we do not have enough participants, monies will be returned.

**Lyndhurst Health Department  
Meadowlands Area YMCA  
FALL 2011 REGISTRATION FORM**

**CHAIR YOGA**

**Fridays 11:30-Noon**

**Start Date: September 30, 2011 (6 Sessions)**

**During Fall Session, Class Location will change to: 601 Riverside Avenue, Lyndhurst, NJ**

**Pre-Registration Required**

**Mail form to:**

**Gloria Cucco, Lyndhurst Health Department, 253 Stuyvesant Avenue, Lyndhurst, NJ 07071**

**Please use a separate form for each participant.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town/State/Zip** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone # to contact you (i.e. if the class needs to be cancelled):** ( ) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **phone** \_\_\_\_\_ **relationship:** \_\_\_\_\_

**Have you participated in a Meadowlands YMCA program in the past year?** YES  NO

Are you a YMCA member? YES  NO  Exp Date: \_\_\_\_\_ Are you renewing membership? YES  NO  - Exp Date: \_\_\_\_\_

I hereby release, indemnify, keep and hold harmless, for myself and on behalf of my child/children, my family, heirs, executors, administrators and assignees, the Township of Lyndhurst, the YMCA and its officers, members, employees, agents and successors of any of the aforementioned, against and from any and all liability with regard to any injury, loss, claim, and/or damage to myself or my child/children and from any loss, damage, claims, causes of action, liabilities, obligations, demands, or expenses asserted against the Township of Lyndhurst, the YMCA or its officers, members, employees, agents, and successors, by any person, persons, or entity, as well as from and against all costs, counsel fees, expenses and liabilities incurred in the event or activity identified above. This release waives all claims, including those of which I am not aware and those not mentioned in this release. I understand that the Township of Lyndhurst or the YMCA may photograph or film any participant and use said pictures for any form of advertising or promotion as deemed appropriate.

I am unaware of any physical or health condition, which would prevent or limit my participation. I am aware of the potential risk of injury, and I possess adequate insurance protection to cover injuries and or damages.

I hereby agree to above and do fully release from any and all medical and legal liability or responsibility that may arise, directly or indirectly, from or through my participation in programs at the Lyndhurst Health Department. **SIGNATURE REQUIRED TO PROCESS REGISTRATION**

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

If we do not have enough participants, monies will be returned.