



Zumba is a fun and energetic dance-fitness workout that feels like a party. You don't even have to know how to dance; just move your body and follow my lead. Zumba combines hypnotic Latin rhythms and easy to follow moves to create a dynamic workout that will blow you away. Experience one hour of calorie-burning, heart-racing, body-energizing, and inspiring movements. The routines feature interval training sessions where fast and slow rhythms and resistance training are combined to tone and sculpt your body while burning fat. You may try one class, completely free of charge. **Registrations must be handed in to the office, not to the instructor, at the address listed below before you start attending classes.**

Wear comfortable clothes & sneakers, and bring a drink! Ditch the workout, and join the party!

Fee: \$35 R / \$40 NR per 6-week session (choose to attend up to three classes per week)
 No make classes are offered if you choose not to attend all 3 classes per week

Location: Senior Activity Center, 1842 Brownsville Road
Day & Time: Monday, Wednesday, & Friday @ 6:30-7:30pm

Upcoming Sessions:
 February 27 - April 6
 April 16 - May 25
 June 4 - July 13
 July 23 - August 31

Call 215-357-7300 x340 with any questions about this program.

Lower Southampton Township Program Registration Form

(Please use one form to register one person for the designated program. **NO REFUNDS ARE GIVEN.**)

Return this completed form with payment to: Lower Southampton Township, 1500 Desire Avenue, Feasterville, PA 19053.

Registrant's Last Name		Registrant's First Name		Phone Number		
Street Address		City, State, & Zip Code		Alternate Phone		
Health Problems/Allergies		Date of Birth		Email Address		
Parent's Name(s) (If Minor Child)		School		Current Age	Gender	Grade
Physicians Name		Phone Number		Resident of Lower Southampton Township: CIRCLE ONE YES NO		
Emergency Contact		Phone Number		Relationship		
Program Title (One per form)		Select Days you plan to attend: Monday Wednesday Friday		Start Date & Time		Fee
Credit Card (Circle One) VISA MC	Account #			Expiration Date	Security Code	Phone Number
Name on Card		Signature for Credit Card		Street Address		
All participants are required to sign this form. Please check with your doctor before registering in any fitness or exercise program. I, the parent or guardian of the above minor or myself, submit that my child/I, is/am able to participate in the above activity and waive Lower Southampton Township, its staff and affiliates of any responsibility of injury or illness. This program is facilitated by the Parks & Recreation Department. Photos may be taken at any of all Lower Southampton Township activities and used for promotions for future events. If you do not want your picture and/or your child's picture taken or published, please send a letter and/or e-mail addressing this concern to Administration@Lowersouthampton township.org.				City, State, & Zip		
				Signature of Agreement for Waiver		Date