

UPPER MORELAND PARKS & RECREATION



10 classes meet on Wednesdays, September 25 – December 11
(omit 10/9 & 11/27)

Time: 7:00 pm – 8:00 pm

Ages: 18+

Location: Upper Moreland Primary School Room LL 45/46 (Carpeted Gym)

Fee: \$65 R / \$90 NR

This class is a blast and based on functional fitness. Dynamic striking, high intensity intervals of cardio training, and movements that mimic how the human body should move are the focus.

For all fitness levels & ages. Wear comfortable exercise attire, sneakers & a smile.

Self Defense 5 CLASS FITNESS CARD OPTION

Want to work out, but just can't make it to every class?
UMP&R offers a "Fitness Card" for Self Defense/ Fitness class! You pick the classes that fit your schedule.

5 classes = \$40 R / \$60 NR

Held at the UM Primary School, Room: LL 45/46 (Carpeted Gym)

3890 Orangemans Road, Hatboro

CONTACT UPPER MORELAND PARKS & RECREATION

215-659-3100 EXT. 1039

SAVE TIME! REGISTER AND PAY ONLINE THROUGH YOUR ACCOUNT

WWW.UPPERMORELANDREC.COM





CARDIO KICKBOXING REGISTRATION FORM

To register, fully complete this form and return to UMPR 117 Park Ave. Willow Grove, PA 19090

1st PARTICIPANT'S NAME _____ M F D.O.B. ____/____/____

1. PROGRAM NAME _____ DATE _____ TIME _____

2. PROGRAM NAME _____ DATE _____ TIME _____

SPECIAL NOTES : _____

MEDICAL HISTORY: Does the participant have any allergies or medical conditions? No Yes

If yes, please explain _____

2nd PARTICIPANT'S NAME _____ M F D.O.B. ____/____/____

1. PROGRAM NAME _____ DATE _____ TIME _____

2. PROGRAM NAME _____ DATE _____ TIME _____

SPECIAL NOTES: _____

MEDICAL HISTORY: Does the participant have any allergies or medical conditions? No Yes

If yes, please explain _____

ADDRESS _____ CELL PHONE _____

EMAIL _____

Amount Enclosed: \$ _____ Check # _____ (made payable to "UM Township") Cash _____

Upper Moreland Township Parks & Recreation PARTICIPANT'S WAIVER and RELEASE

I, the undersigned, or the parent or legal guardian of the participant listed below do certify that the participant is in good health and is able and willing to participate in said program. I understand that this program is sponsored solely by Upper Moreland Township's Department of Parks and Recreation. In consideration, I/we hereby assume all risk of hazards associated with participation of the above-identified participant and the program and agree to hold harmless the Township of Upper Moreland, the Upper Moreland School District, employees, organizers, and supervisors from any and all claims for personal injury or property damages arising out of participation in this program whether the result of negligence or any other cause.

I agree that Upper Moreland Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the participant's registration for failure to maintain these standards or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.

I hereby grant Upper Moreland Township and any of their appointee's full authority to take whatever action they deem warranted regarding the participant's health and safety, and I fully release them from any liability for such actions taken.

I hereby give my permission for any and all medical attention necessary to be administered to the participant in the event of an accident, injury, sickness, etc. This attention is to be given under direction of representatives of Upper Moreland Township until such time as I may be contacted. I further authorize representatives of Upper Moreland Township in my absence to authorize immediate first aid to the above participant and emergency transport to the appropriate medical care facility.

I understand that no health, and /or accident insurance is provided for participants and I also hereby assume the responsibility for payment of any such treatment and release Upper Moreland Township and the Upper Moreland School District and all their officers, appointees, representatives, and employees from any and all liability or claims arising out of any injury, accident or sickness.

Participant's Signature _____ Date _____

PLEASE NOTE: Participants in Upper Moreland Recreation programs may be photographed for future