

East Central ZUMBA[®]

East Central Neighborhood Wellness Association (ECNWA) Fall 2011 Registration Form and Waiver

Name	
Street Address	
City, State, Zip code	
Best Phone	Home: _____ Cell: _____ Work: _____
Email PLEASE PRINT CLEARLY	

EMERGENCY CONTACT:

Name: _____ Phone: _____

May we contact you about ZUMBA[®] related information? Yes _____ No _____
(Class cancellations, special promotions, etc.)

CLASS REGISTRATION - Please circle:

WEDNESDAYS

THURSDAYS

DROP IN \$5 PER CLASS

DROP IN \$5 PER CLASS

1st Wed Session 9/7-10/12 \$24

1st Thurs session 9/8-10/13 \$24

2nd Wed Session 10/19-11/16 \$20

2nd Thurs session 10/20-11/17 \$20

3rd Wed Session 11/30-12/28 \$20

3rd Thurs session 12/1-12/29 \$20

The East Central Community Center (ECCC) is not responsible for any lost or stolen personal property on the premises. ECCC does not provide insurance coverage for its participants. Participants are responsible for their own medical insurance and we recommend that all participants be covered by a medical insurance policy. We at ECCC make every attempt to provide our participants with proper training and a safe environment. Participants assume the risk involved with any injuries that may occur as a result of taking part in class. ECCC and its instructors are not responsible for injuries received as a result of your participation. Should a severe injury or medical emergency occur, the Emergency Contact person will be notified and an ambulance may be called. This waiver applies to all classes attended in 2011.

By signing below, you consent to and understand the policy listed above.

Signature _____ Date _____