

Zumba®

Ditch the workout, Join the party!!!

The **Zumba®** program fuses hypnotic Latin rhythms and easy-to-follow moves to create a one-of-a-kind fitness program that will blow you away. It is for everyone!! All exercisers from beginner to advanced will enjoy the benefits of a **Zumba®** class.

Every class feels like a party! Come join me and you'll see what I mean. You don't even have to know how to dance. Just move your body and follow my lead. It's easy! It's fun!!

Fall Quarter: Mon & Wed, September 12 – Dec 19 6 - 7 PM Union Ridge Gym
Saturdays, Includes Toning 8 - 9:15 AM Union Ridge Gym

Purchase a 10 class punch card for \$50 (Attend class 1x a week)

Purchase a 20 class punch card for \$95 (Attend class 2x a week)

Drop-in fee: \$7 per class

A note from the instructor:

Hello, I am Rachel Hipple and I have lived in Ridgefield most of my life. This is my second year of teaching **Zumba®** in Ridgefield...and I am loving it!! I am married and have two wonderful boys. I am trained in 4 different forms of **Zumba®** and look forward to sharing it all with you. I have always loved music and dancing and when I found out about **Zumba®**, I knew I had to do it! Join me!!

For more information about **Zumba®**, visit www.zumba.com or feel free to contact me 887-4711.

Questions?? Comments?? Call Terri @ 619.1303

Zumba Registration - Fall 2011

Mail to: Ridgefield Community Ed, 510 Pioneer Street, Ridgefield WA 98642

Name (First) _____ (Last) _____

Email Address _____

For Zumba program updates only – please print legibly!!

Do you wish to receive all Community Education brochures via email? Yes _____ No _____

Home Phone # _____ Cell Phone # _____

Alternate Emergency Contact _____ Phone _____

In an emergency I grant permission for emergency medical treatment to be administered. I agree to pay all medical bills not covered by my insurance company listed below. I release Ridgefield School District from responsibility for any bills resulting from injuries incurred in this program. While no sports physical is required to participate, I understand that I should be in good physical condition and that a current medical exam is strongly recommended. I understand the risks of participating in this sports activity. I have listed information regarding allergies and/or medical conditions of which staff should be aware.

Do you have any allergies of medical conditions that staff should be aware of? YES NO

If yes, please explain _____

Signature _____ Date _____

Insurance co. _____ Policy # _____

Physician's name _____ Phone# _____