Northampton Aquatic & Family Center

at JFK Middle School, 100 Bridge Road, Florence, MA 01062

Now Available

For online registration

Essentrics®

(Classical Stretch as seen on PBS)

Session III Winter 2020

Feel energized and balanced after stretching and strengthening all of your 650 muscles! Flowing movements of Tai Chi, (weights-free) strengthening theories of ballet and healing principles of physical therapy work together in this unique, gentle exercise program for a strong, mobile, pain-free body. Appropriate for active individuals without injury. Lead by certified Essentrics® Instructor Melinda B.

For more information: http://www.spiralupworkout.com

WEDNESDAY EVENING CLASSES: 6:00 - 7:00 PM

Location: **Aquatic & Family Center**

Session I: **January 8 – February 26** **(8 Classes)**

Participants will need to provide their own yoga mat and towel

Fee: **$60 / $65 / $75**

(Walk in fee: $8 / $10 / $12)

Fees listed in the order of AFC Member / Resident / Non-Resident

Registrations accepted at the AFC at JFK Middle School, 100 Bridge Road, Florence, MA 01062
Mon-Fri 4:00-8:00pm & Sat 10am-5pm and Sun 11:00am-4:30pm, 587-1046
or
Northampton Parks & Recreation Department, 100 A Bridge Road, Florence MA 01062
Mon-Fri 8:30am-4:30pm 587-1040
www.northamptonma.gov/recreation

REGISTRATION FORM ON REVERSE SIDE

Updated 11/12/2019

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

Today's Date: _____/_____/_____ ***PLEASE PRINT LEGIBLY*** ☐ New to Northampton Parks & Recreation ☐ I have updated my Information

ADULT 1

Name _____

Address _____

City _____ St_____ Zip_____

Phone: (H) (____)_____ (W) (____)_____

Cell (____)_____

Email: _____

ADULT 2

Name _____

Address _____

City _____ St_____ Zip_____

Phone: (H) (____)_____ (W) (____)_____

Cell (____)_____

Email: _____

EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Phone (____)_____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes ☐ No ☐

PARTICIPANT'S FULL NAME: _____ Gender _____

Current Grade as of Fall _____ (year)

Date of Birth _____ School _____

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee (where applicable)	Total Fee
					$	$	$
					$	$	$

TOTAL FEE FOR PARTICIPANT $

PASS PURCHASE

Pass	Pass Type	Pass Length	Fee
Aquatic Center	Res: Adult Family Senior Youth Non-Res Adult Family Senior Youth	6 Month 12 Month	$

Special Considerations/Comments (Use back if necessary)

_____

_____

_____

_____

Pass Holder's Name(s)	Gender	DOB	Pass/Tag# Issued

TOTAL AMOUNT DUE $

Recreational and Volunteers Activities Release Form

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton.

I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs.

Participant Signature or Parent/Legal Guardian if under 18 years old: _____ Date:_____

Charge my VISA ___ Master Card ___ Discover ___ Card #_____ Expiration _____

Name on Card _____ Signature _____

Office Use Only: Amt Rec'd $_____ Cash ____ Check # _____ Credit _____ Date _____ RT Date _____ Staff _____