



# **ZUMBA**

**All ages are welcome**

**Every Wednesday Night**

**6:30 – 7:30 Paxton Center School Café**

**Starting March 13th to May 1st**

**8 Weeks at \$65 or Drop-in fee \$10.00 per class/per person**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:(H): \_\_\_\_\_ (C): \_\_\_\_\_

I agree not to hold responsible the Paxton Recreation Commission; the Town of Paxton; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program and no money will be refunded. I also grant permission for the Recreation staff to seek medical care for myself or my child in the event that a family member cannot be reached. (All participants in any town recreation program must complete this waiver).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_