

Get up!! Get Out!! Get Fit!!



**Start your day or your evening with
a Full Body Workout
On the grass
at the Underwood Pool**

Join certified fitness instructor Lynette Luschenat for an hour of boot camp style fitness training on Thursday mornings at the Underwood Pool.

Lynette has over 10 years of training experience and works with many local gyms and Recreation Departments.

All levels are welcome, everyone can benefit from these classes

What better way to enjoy our new Underwood Pool

Thursdays June 30-Sept. 1 7-8 a.m.

Tuesdays June 28-Aug 30 6-7 p.m.

Ages 15 and over

\$100. per session

Registration Form Please return with payment to Belmont Recreation Dept PO Box 56, Belmont MA 02478

Name

Email Address

Emergency Contact Number

Thursday 7 AM

Tuesday 6 PM

Choose Class(es) to attend

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

Participant/Guardian Signature