

**THIBODAUX RECREATION DEPT.  
ZUMBA FITNESS PROGRAM**



**DITCH THE WORKOUT, JOIN THE PARTY!**

Move yourself towards good health in a fun and exciting way!

The program will consist of a “Fitness Party” that you will find addictive. **Zumba** is an exhilarating, effective, easy-to-follow, resistance training, Latin dance moves, calorie-burning dance fitness-party. **Zumba** is going to move you towards good health in a fun and exciting way. There is no other fitness class like the **Zumba** Fitness-Party. Your energy level will soar to new heights. Before you know it you will be on your way to getting fit and healthy like never before. You will look and feel better, have more energy, strengthen your flexibility and endurance all while feeling like you were at a night out in the Club!!

The instructor for this program is **Mona Naquin, Certified Zumba Instructor**. Mona is a 44 year old, mother of two. She wants to teach **Zumba** mostly for her love and passion of dance and also to continue her road to good health with her soon to be **Zumba** friends.

Registration: January 23<sup>rd</sup> – February 1st (Monday-Friday)  
Peltier Park Recreation Center 8:00 A.M.-NOON & 1:00 P.M.-4:00 P.M.

Classes begin February 1, 2012 – February 29, 2012 (Mondays, Wednesdays and on Friday February 17, 2012)

Time: 5:30 p.m. - 6:30 p.m. and 6:45 p.m.-7:45 p.m.

Fee: \$30.00 (Not sure if Zumba is right for you? Come and give us a try!! \$5.00 per class.)

Attire: Casual, comfortable clothing. You can come in big t-shirts, stretch pants or dancewear whatever you wish. Tennis shoes, shoes with soft bottoms or jazz shoes are recommended but not required. Bring a towel and bottle water.

For more information, please contact the Recreation Department at (985) 446-7235.

# TREC ZUMBA FITNESS PROGRAM

## Registration Form

February 1st – Feb 29th

NAME:		
EMAIL ADDRESS:	BIRTH DATE:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBERS:		
FAMILY DOCTOR & PHONE #:		
PERSON(S) TO CALL IN CASE OF EMERGENCY & PHONE NUMBER(S):		
MEDICAL PROBLEMS: _____		
CHECK ONE: ( ) 5:30 pm-6:30 pm      ( ) 6:45 pm-7:45 pm		
<b>(FOR OFFICIAL USE ONLY): REGISTRATION FEE — \$30.00</b>		
DATE PAID: _____ ( ) CASH ( ) CHECK NO. _____		



Make check payable to:  
Thibodaux Recreation Department Mail  
to:  
P. O. Box 5418  
Thibodaux LA 70302-5418

**“READ BEFORE SIGNING”**

State of Louisiana  
Parish of Lafourche

Date: \_\_\_\_\_, 2011

ACKNOWLEDGMENT

1. I, the undersigned, do hereby understand and acknowledge the following:
  - A. That participation in TREC Zumba Fitness Program requires a certain degree of physical exertion, exercise and endurance, which can be strenuous and tiring;
  - B. That as a result of the physical demands of the TREC Zumba Fitness Program, there is always the possibility of the occurrence of an accident and physical injury or the onset of injury which is gradual and which may not be immediately apparent.
2. Notwithstanding the above and in consideration of my being permitted to participate in TREC Zumba Fitness Program, at Peltier Park Recreation Center I,

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

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

Telephone No.: \_\_\_\_\_

hereby agree to assume the risk of such accident and injury, regardless of fault, as a result of engaging in said TREC Zumba Fitness Program and to hold harmless, defend and indemnify the instructor, Mona Naquin and/or any and all other part time or substitute instructors acting for and on behalf of the City of Thibodaux and the Thibodaux Recreation Department and their principals, agents, employees, representatives and assistants, of and from any claims that may be made or asserted by me or anyone on my behalf as a result of my engaging in TREC Zumba Fitness Program, held at Peltier Park Recreation Center, through the Thibodaux Recreation Department, whether or

not such claims are made by way of indemnity, contribution, subrogation or otherwise.

3. I further declare that I know of no physical or medical condition which would prevent my participation in TREC Zumba Fitness Program classes or which would cause me to sustain injury or illness as a result of such participation.

4. My family doctor is: \_\_\_\_\_

In case of any emergency contact:

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

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

Telephone No.: \_\_\_\_\_

Read and signed this \_\_\_\_\_ day of \_\_\_\_\_, 2011, by

\_\_\_\_\_

**READ BEFORE SIGNING**