



Brooklyn's Registration Get Fit Program

REGISTRATION

10 PUNCHES:

\$55

(expires in 3mo.)

DROP IN:

\$10

/per class

6 PUNCHES:

\$40

(expires in 3mo.)

Get Fit, part of Brooklyn Recreation Committee is now offering punch card subscription to our healthy exercise classes. Weekly classes will be located at the Community Building in Brooklyn (102 N. Rutland Road, Brooklyn, WI, next to the Methodist Church). We encourage all ages to get involved. Please fill out and send in the following registration form.

Full Name: _____

Street Address: _____

City: _____ Zip: _____ Phone: _____

E-mail address: _____

WAIVER AND RELEASE STATEMENT

(All participants must read and sign)

I have read the accompanying event information and understand the policies of the event. I know that I should not enter unless I am medically able. I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, all such risks being known and appreciated by me. Knowing these facts, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE and DISCHARGE Brooklyn Recreation, Fitness Instructor, Village of Brooklyn, workers or volunteers, their representatives, successors or assigns for ANY AND ALL claims of liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsors, organizers and or agents authorized by them, to use any photographs videotapes, recordings or other record of the event for any reasonable purpose.

_____ 6 Punches _____ 10 Punches

_____ Monthly Unlimited

I am requesting more info on _____ Family Punchcard
or _____ Student Punchcard

I have _____ members in my family that want to attend

_____ Stay up to date with Brooklyn Recreation

(This newsletter is sent quarterly & at times we send out NEW information relating to our Get Fit Program. By checking this you are requesting to be added to the our email list. This is solely for Brooklyn Recreation as we do NOT pass your contact information to anyone.)

Signature of Participant/Parent-Guardian of Child

Paid with _____ On _____ Card delivered on _____
Brooklyn Recreation Personnel Only

Brooklyn Recreation Committee

Return form with legible handwriting and including payment to: Village of Brooklyn
210 Commercial St. Box 89 Brooklyn WI 53521 For more information visit www.brooklynrecreation.org