

**FAIRFIELD DEPARTMENT OF RECREATION
SENIOR CITIZEN LOW-IMPACT AEROBICS**

**Monday Jan. 9
thru Wednesday March 28
M - 10:30 am - 11:30 am
W - 11:15 am - 12:15 pm
Fairfield Community Center
376 Hollywood Avenue
Instructor - Ms. Lynne Balz**



**Fee - \$36 for 12 sessions, \$72 for 24 sessions
Make checks payable to "Fairfield Recreation"**

**FAIRFIELD DEPARTMENT OF RECREATION
SENIOR CITIZEN LOW-IMPACT AEROBICS
Jan. 9, 2012 - March 28, 2012**

NAME _____

ADDRESS _____ **TOWN** _____

PHONE _____

AGE _____ **ALLERGIES** _____

Any Medical Conditions _____

I declare that the applicant named above has been examined by a physician within three months prior to the date of registration and has been deemed physically able to participate in the Senior Citizen Low-Impact Aerobics Program. I understand that by signing this waiver I agree not to hold the Township of Fairfield, The Fairfield Department of Recreation and staff, or the instructor responsible for accidents or injuries suffered while participating in this program.

Signature of Participant

Date

Return registration to: Fairfield Department of Recreation, attn: Tony Pompei
221 Hollywood Avenue, Fairfield NJ 07004