



De Soto Parks & Recreation



Fitness - Senior

Fee: June Class: \$32.00 (9 classes)

July Class: \$25.00 (7 classes)

**Summer
2010**

Location: De Soto Community Center - Fitness Room
32905 W. 84th Street

Class Size: Minimum 6 participants per class

Class Day & Time: Monday & Wednesday (9:30am - 10:30am)

Class Description:

* **Senior Fitness:** An all encompassing workout for seniors. We will incorporate low-impact aerobic exercises with light strength and flexibility training. This class is designed to improve aerobic endurance, muscle strength, flexibility, balance, and coordination to support the skills required for the activities of everyday life.

Choose Class:

_____ June Class (June 2, 2010 - June 30, 2010)

_____ July Class (July 7, 2010 - July 28, 2010)

Waiver Statement:

The undersigned states that he/she understands that the De Soto Parks and Recreation are not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said De Soto Parks and Recreation, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the De Soto Parks and Recreation to use at its discretion any photograph (s) (black/white or color) taken of the participant in the program and waive any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

I have read and understand the waiver statement: registration invalid without signature of adult.

Participant's Name: _____

Address: _____

Date of Birth: _____ Contact Phone #: _____

E-Mail Address: _____

Participant's Signature: _____

Registration Drop Off or Mailing Information:

De Soto Parks & Recreation
32905 W. 84th Street
P.O. Box C
De Soto, KS 66018



www.desotoks.us

Questions Call:

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