CAMDEN COUNTY BOARD OF FREEHOLDERS PRESENTS:

AERO



The water fitness/aerobics program was developed with exercises performed primarily in a vertical position in shallow water. Water resistance creates an environment that improves cardiovascular conditioning; strength and endurance; and flexibility and balance. Classes begin with a warm-up then proceed into a series of alternating cardio and strength exercises. A cool down and stretching complete the class. This format brings freshness and fun to participants' aqua-training.

Class sizes are **LIMITED** to 20 individuals per session (session means **PER MONTH**) there will be **NO** exception to this rule. When signing up, PLEASE be committed to attend ALL classes within the session (meaning PER MONTH). You will NOT be permitted to deviate from month to month. Class sessions will run from 11:00AM to 12:00PM and are as follows:

MARCH: 5 • 6 • 7 • 8 • 12 • 13 • 14 • 15 • 19 • 20 • 21 • 22 • 26 • 27 • 28 • 29 **APRIL**: 2 • 3 • 4 • 5 • 9 • 10 • 11 • 12 • 16 • 17 • 18 • 19 • 23 • 24 • 25 • 26 • 30

MAY: 1 • 2 • 3 • 7 • 8 • 9 • 10 • 14 • 15 • 16 • 17 • 21 • 22 • 23 • 24

THE SALVATION ARMY RAY & JOAN KROC CENTER, 1865 HARRISON AVENUE, CAMDEN, NJ 08105. (856)-379-6900

Again, class sizes are limited, **PLEASE** know which session you are interested in joining and RSVP today (you MUST sign up prior to attending the program) by contacting Tom Castellano @ (856) 858-2986 or by e-mail, tcastellano@camdencounty.com. **PLEASE** be sure to fill out the *PROGRAM REGISTRATION* FORM on the BACK of this flyer and bring it with you the day of your FIRST session (you will NOT be permitted to participate without it).

> FOR YOUR NEWS & EVENTS THE BOARD OF FREEHOLDERS

camdencountynj











Program Application (18 an older)

The Salvation Army Witness

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Date of birth Age														
Home Phone Work Phone	e			Cell	Pho	one_								
Email address:						П				I	П			
Emergency Contact Information														
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Emergency Contact	Phone number													
Consent for Participation														
(the "Activities") sponsored by The Salvation Army, certain degree of risk. I have carefully considered th to participate in the Activities. I understand that partipants to abide by applicable rules and standards of ees (including the Activities coordinators), volunteer Activities (together, "the Released Parties") from any Participant or I may have arising out of or resulting,	ne risk involvicipation in to conduct. I ress, related pa y and all cla	ed and ne Activelease Tarties, o ms or I	I agr /ities The S r oth iabilit	ee to is en Salva er or	o as ntire ition gan wha	sume ly vo Arm ization ateve	e su lun y a ons r ki	uch intary and a sassind continuity	risk. and all Of socia or na	I gi I req ffice ted	ive o quire ers, e with	cons s p emp the	sent artici- oloy- e	
X		X												
Participant Signature		Date												
Emergency Release														
In case of an emergency I understand that every eff In the event they cannot be reached, I hereby give in Army to secure proper treatment, including hospitalic event she/he becomes ill or injured while participating no responsibility for any medical expenses incurred ing in the Activities. Medical providers are authorized results, and treatment provided for purposes of medicinesis, and/or determination of the my ability to contact This Consent will be binding on the heirs, successor I acknowledge that I have read and fully understood questions and have such questions answered.	my permission zation, anesong in the Act as a result of the disclosed lical evaluation as assigns, ass	on to the thesia, ivities. I of any il to the on, follo Activitie adminis	e me surg l agre lness Salva ow-up es.	dica ery, ee th s or i atior o an	I pro or ir at th njur n Arr d co	oviden njecti ne Re y suf my ex ommu	r se ons elea fere kan unic	elects of a asec ed b mina catio	ted be medical Party metrion with me.	oy th icati rties e wh find th th	ne Sa ion, s sha nile p lings ne u	alva in thall hoart s, te nde	ation he ave icipat st er-	
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