



# ZUMBA<sup>®</sup>

FITNESS

Sponsored by the  
City of Newman  
Recreation Department

Ditch the Workout,  
Join the party!

To download a registration form,  
visit our website at:  
[www.cityofnewman.com](http://www.cityofnewman.com)



The ZUMBA<sup>®</sup> program fuses hypnotic Latin rhythms & easy-to-follow moves to create a one-of-a-kind fitness program that will blow you away.

The routines feature interval training sessions where fast & slow rhythms & resistance training are combined to tone & sculpt your body while burning fat.

## Three Class Sessions are Available!

**Tuesday Evenings**  
6:15 pm to 7:00 pm

Class Dates: August 3, 10, 17, 24, 31  
Fee: \$25 per participant  
(Age 15\* and over)

**Bianca Pardo**  
(Instructor)

**Wednesday Evenings**  
6:15 pm to 7:00 pm

Class Dates: August 4, 11, 18, 25  
Fee: \$20 per participant  
(Age 15\* and over)

**Ashlie Uribe**  
(Instructor)

**Thursday Evenings**  
6:15 pm to 7:00 pm

Class Dates: August 5, 12, 19, 26  
Fee: \$20 per participant  
(Age 15\* and over)

**Bianca Pardo (Instructor)**

All participants must pre-register for a *specific session* at the Newman Youth Center located at: 831 Hardin Road, Newman, CA 95360 Monday – Friday 2:00 pm to 6:00 pm.

If classes have started, we will continue to register participants at a pro-rated cost of \$5 per class. Participants may only attend class on the day they registered for— **NO EXCEPTIONS.**

Participants may register for more than one class and pay fees for each.

Questions? Contact Stephanie House at: (209) 862-4440

*\*Minors Must be  
Accompanied by an Adult*





City of Newman Recreation Department

ZUMBA FITNESS  
REGISTRATION CONTRACT

FOR OFFICE USE ONLY	
Amount Paid:	_____
Cash	_____ Check#: _____
Initials:	_____

Please Print Legibly

Name: \_\_\_\_\_ Check One:  Male  Female

Minor?  Yes  No Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent or Legal Guardian's Name (if applicable): \_\_\_\_\_

May we contact you at work?  Yes  No Work Phone Number: \_\_\_\_\_

List any medical/physical condition that you have that we need to be aware of:  
\_\_\_\_\_

Emergency Contact Name (Other than self): \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

*CONSENT OF WAIVER FOR PARTICIPANT: Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the city of Newman, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician's clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.*

***I also understand the following refund policy: NO REFUNDS WILL BE ISSUED.***

***I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Newman Youth Center before I will be allowed to participate.***

*I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.*

*I certify that I have read this contract, understand its provisions, and that the information is accurate.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature (If **under** 18)

\_\_\_\_\_  
Date