



# Churchville Recreation Council

► Fitness Chairpersons -  
Judy Matthews at [judith.m.matthews.civ@mail.mil](mailto:judith.m.matthews.civ@mail.mil)  
Bobbi Wolff at 410-836-2724

## Summer Fitness Classes

The Summer Fitness session meets two days/evenings a week, June 1st to August 31st at the Churchville Recreation Center-Level. Walk-in registration before the start of the session; contact the chairperson for openings after the start. Teens through adults welcome.

Fee: \$70 per person

### AEROBICS WITH MUSCLE TONING

Enjoy a traditional body workout that will increase your energy levels and metabolism, decrease your stress level and lower your blood pressure. This aerobics class will work every major muscle group in the lower body and will train the upper body. Please bring exercise mat, hand held weights and a towel.

### YOGA LEVEL I

A beginner level class that will introduce basic asana poses in a gentle manner. This class is for those unrolling mats for the first time, those fairly new to yoga, and those with physical limitations. Bring a mat, a beach towel or small blanket, and water.

### YOGA LEVEL II

A more vigorous class that will deepen and fine tune basic asana poses and explore more advanced poses. This class is for those who have attended several yoga classes. Bring a mat, a beach towel or small blanket, and water.



- Aerobics**      **Mondays & Wednesdays, 9:00-10:00 a.m., Churchville Rec. Center, Level Bldg.**
- Yoga**            **Mondays & Wednesdays, 10:15-11:15 a.m., Churchville Rec. Center, Level Bldg.**
- Yoga Level I**   **Mondays & Wednesdays, 7:00- 8:00 p.m., Churchville Rec. Center, Level Bldg.**
- Yoga Level II** **Tuesdays & Thursdays, 7:00- 8:00 p.m., Churchville Rec. Center, Level Bldg.**



### REGISTRATION FORM

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ What's your quickest method (phone, email?)  
for last minute notifications? \_\_\_\_\_

Registration for which Program \_\_\_\_\_ Any physical conditions/allergies? \_\_\_\_\_

In case of emergency, please notify:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any physical condition or allergies? \_\_\_\_\_

Registration Fee: (Payable to Churchville Recreation Council)    \$ \_\_\_\_\_    Chk# \_\_\_\_\_    Cash \_\_\_\_\_

### DISCLOSURE STATEMENT

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.

Signature: \_\_\_\_\_