

Are you ready to party yourself into shape?

Are you ready to come out & have some fun?

Calling all youth age 12 to 19 (Boys & Girls)

Location Pabineau Community Center  
1290 Pabineau Falls Road

Every Monday 6:30 – 7:30pm

No membership fee!

Licensed Instructor  
Level 1, 2, & Atomic  
Boots Adams



ZUMBA®  
FITNESS

Bring water bottle  
smooth bottom shoes  
exercise clothing  
\$1.00 for activity pot



Drug & Alcohol free event

Start date February 28<sup>th</sup>, 2011

# Parent Consent Form

(Youth can't participate without form on file)

Dear Parent/Guardian:

Vigorous physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and skills necessary for a physically, active lifestyle. Active participation in games, fitness training, dance and gymnastics provides opportunities for students to discover and trust themselves and gain the confidence necessary to play and work co-operatively and competitively with their peers. Physical Education programs provide opportunities for students to experience the fitness feeling and to help them understand and make decisions regarding personal fitness and the value of physical activity in their daily lives.

## ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries affecting the head neck or back.

If further information is needed, Please contact Instructor Boots Adams.

## MEDICAL INFORMATION FORM FOR PARTICIPATION IN ZUMBA CLASSES

Participants Name: \_\_\_\_\_

Primary Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I/We would like to inform the instructor about these facts pertaining to my child's physical/medication condition related to their participation in Zumba.

1. Please indicate if your child has any medical concerns that may affect participation or should be monitored during Zumba class: \_\_\_\_\_
2. Does your child require having medication on themselves in case of a medical crisis? And who has authority to administer? \_\_\_\_\_
3. Does your child wear a medic alert bracelet \_\_\_chain\_\_\_ or carry a medical alert card? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify what is writing on it: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_