



**Public Health**  
Prevent. Promote. Protect.



Please check which class(es) you would like to register for:

**Zumba Classes**

\_\_\_\_\_ Tuesdays 4:45 pm - 5:30 pm  
Apr 8,15,22,29, May 6,13,20,27 **8 weeks \$25**

NOTE \*\*\*Classes for Zumba will be held at  
University of MO Ext. Ctr , 107 W. Walton, Warrenton MO 63383

**Total Body Toning**

\_\_\_\_\_ Wednesdays 4:45 pm - 5:30 pm  
3 week Mini Session March 12,19 & 26<sup>th</sup> **3 weeks \$10**

**Senior Exercise & Walking Program**

\_\_\_\_\_ Monday & Wednesdays 9:00 am-10:00 am  
March 24- April 30<sup>th</sup> (no class Apr 2<sup>nd</sup> & 23) **6 weeks \$20**

\*Classes held at  
101 Mockingbird Lane, Suite 103, Warrenton MO 63383

**Drop-In \$5.00 per session**

Waiver must be signed prior to the class session

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**Payment in Full must accompany your registration form**

Make checks payable to: Warren County Health Department  
Mail to: 101 Mockingbird Lane, Suite 100 Warrenton, MO 63383  
636-456-7474

PRINT NAME \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Nos. \_\_\_\_\_

Emergency \_\_\_\_\_

Contact \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the reverse side of this form and by signing agree to it

**Class Descriptions**

**ZUMBA**

The Zumba program fuses hypnotic Latin rhythms and 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 and slow rhythms and resistance training are combined to tone and sculpt your body while burning an impressive 500-1000 calories per hour! Please note: this class will be held at: University of MO Ext. Ctr , 107 W. Walton, Warrenton MO 63383

**Total Body Toning**

Tone & Lose Fat with an allover resistance training workout. This is non-impact but will give you muscle, strength and core strength

**Senior Exercise Program**

Working with a trainer concentrating on circuit training and stretching  
You may choose 1 day or both  
You will also be able to participate in the Walking Program

**FREE!!! SPECIAL Saturday FREE!!!**

**March 29<sup>th</sup> 9:00-11:00am**

**Body Toning & Zumba**

A really good time & repeat of February Cabin Fever

**MUST RSVP** by calling 636-456-7474

*Please detach and retain for future reference*

.....  
**HAVE QUESTIONS???**

**CALL**

**Warren County Health Dept.  
636-456-7474**

*Please detach this section and  
retain for future reference.*



***As with all exercise, check with your physician before beginning a new exercise program.***

**NOTE:**

**If the Warren County R3 Schools are closed due to inclement weather, the exercise classes will be cancelled.**

**You can always call the Warren County Health Department to verify.  
636-456-7474**

I hereby accept \_\_\_\_\_ instruction and/or equipment from the Warren County Health Department.

I understand that this service is provided in the interest of health and/or safety and that the local Warren County Health Department and/or County of Warren, is not a dealer in these goods, nor is it an agent for any manufacturer or distributor of these goods or instruction.

The local Warren County Health Department and/or County of Warren, makes no warranty expressed or implied as to the fitness of these goods and assumes no responsibility for the consequences of proper or improper use of these goods or instruction.

I agree not to hold liable or not to sue the local Warren County Health Department and/or the County of Warren or any member thereof, for damages/injuries of any sort resulting occurred while using the equipment and/or instruction.

Any equipment I receive from the Warren County Health Department is for myself and/or for my child/children and is not to be given or sold to any person or organization. Any equipment is not to be taken to any store for exchange or for a refund.

I understand that a photocopy of this document shall have the same force and effect as the original.

This agreement is binding upon my heirs, successors, or assigns.

**FOR OFFICE USE ONLY**

**Date Received** \_\_\_\_\_

**Amount of Payment** \_\_\_\_\_

**Paid by:**      **Cash**                      **Check #** \_\_\_\_\_

**Initials** \_\_\_\_\_