

Eatontown Recreation
(Borough Hall)
47 Broad Street, Eatontown, NJ 07724
732-389-7607 or email rec@eatontownnj.com



Mat Pilates Class

Join our new instructor, Paula McGee, Thursday mornings, beginning January 11, 2018. Mat Pilates is done on the floor using an exercise or yoga mat, which employs controlled breathing during body weight resisted movement to build core strength. Paula is certified in both Mat Pilates and Group Exercise. Paula is experienced and this class is a great addition to our existing schedule. Bring towel, water bottle, and mat if you have one.

Location: Eatontown Community Center - 72 Broad St.
Date: Begins January 11, 2018 Thursday Mornings
Time: 9:30 AM - 10:30 AM
Fee: Eatontown Residents - Free
Non-Residents \$5.00 per class



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IMPORTANT: HOLD HARMLESS RELEASE (PLEASE READ): I understand there is no medical insurance coverage included in the registration for any program offered by the Department of Recreation. By participating in these programs, you assume your own medical insurance responsibilities. The Borough maintains a "Limited Form of Contract" accident insurance for sponsored programs, which is intended to be only supplemental to your own personal health insurance. Participants in Recreational activities sponsored by the Borough of Eatontown should recognize that conditions in an about the recreational facilities, and the nature of certain activities all present certain reasonable and unforeseeable risk of injury. Users/participants assume all reasonable risks, which may exist by virtue of the conditions existing at the facilities, or by virtue of participation in the activities. Users/participants agree to hold harmless the Borough of Eatontown, its employees, or volunteers in the event of accident or injury while participating in the activities and/or while using Borough and/or recreational facilities. Photos and videos may be taken and used by Eatontown Recreation for promotional purposes.

MAT PILATES - REGISTRATION FORM

Adult Last Name: _____ Adult First Name: _____

Address: _____ Email: _____

Primary Phone #: _____ Emergency#: _____

Participant Name: _____ Birth date: _____ M/F: _____

Participant requires reasonable modification due to a disability: ___Yes ___No