



Low Impact Aerobics

Eatontown Recreation

(Borough Hall)

47 Broad Street, Eatontown, NJ 07724

(732) 389-7607 or email rec@eatontownnj.com

Join us Tuesday mornings at the Community Center, 72 Broad St. Eatontown resident, Instructor and Certified Personal Trainer, Dalia Crocker will lead this exciting class. Must be an Eatontown adult resident to participate age 18 and older. Wear comfortable clothing, bring a water bottle and a towel.

Low Impact Aerobics

Tuesday Mornings

9:30 AM - 10:30 AM

There is no fee for this program. Maximum 20 participants. Must pre-register to participate; **registration accepted on a first come, first serve basis**. Call Eatontown Recreation 732-389-7607 to register.



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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.

Adult Low Impact Aerobics

Last Name _____

First Name _____

Address _____

Email: _____

Primary Telephone #: _____

Emergency #: _____

Date of Birth: _____

Signature of Participant: _____ Date: _____