

ADULT BOOT CAMP FALL 2016 SESSION II



FOR ADULTS 18+, CO-ED

TUESDAYS, 7PM-8PM

THURSDAYS, 7PM-8PM

NOVEMBER 10-DECEMBER 22

(NO CLASS 11/24)

CHISHOLM COMMUNITY CENTER



During this 6-week program, all recruits do a combination of cardio training, calisthenics, strength workouts, circuit training, obstacle courses, abdominal work and other fun surprises the coaches have in store for you each day. All classes end with stretching. The workouts are created to be fun and challenging at the same time! The more effort you put into the class, the more results you will get out of it!

The Boot Camp class is being coached by **BootCampWF** which is the premiere, healthy-living, fitness training program. **BootCampWF** is celebrating their 9th year in business and have classes year round, mostly held outdoors in parks. **BootCampWF** has many experienced and trained coaches who work with all skill levels.

All participants are encouraged to bring a set of 5-10 pound weights and a yoga mat to each class.

Cost is: 12 classes @ \$189 per person.
6 classes @ \$109 per person.
Please contact BootCampWF for pro-rating fee!

To register please go to: <http://bootcampwf.com/bcwf-srd/>

Or fill out the attached registration form and return to the Springfield Recreation Department.

Minimum 6 adults are needed to run this program.
Payment must be submitted PRIOR to the first class.

Chisholm Community Center
100 South Springfield Avenue • (973) 912-2227
Monday-Friday, 8:00 am-4:00 pm
www.springfield-nj.us/recreation



Questions? Contact Heather Re, Assistant Recreation Director,
heather.re@springfield-nj.us



ENLIST

To enlist in **BCWF @ SRD**, please fill out the Registration Form below, and send a check made out to **BCWF**, to:
BootCampWF Headquarters
400 Edgar Road
Westfield, NJ 07090

All participants are encouraged to bring a set of 5-10 pound weights and a yoga mat to each class

Name: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am a (Please Circle): Veteran OR New Recruit

Any Medical Conditions? If so, Please Explain.

How often do you exercise now? (Please Circle):

Never Weekends 1-2 days/wk 3-4 days/wk 5+ days/wk

I am interested in: Tuesdays _____ Thursdays _____ Both _____

In Case of Emergency, Contact: _____ Phone: _____

Please read the following statement carefully, then sign below. I desire to engage voluntarily in BootCampWF in order to attempt to improve my physical fitness. I understand that I should consult with a physician before beginning any exercise program. I agree that BootCampWF, Mari Melao, Kathy Robb, Springfield Recreation Department, and the Township of Springfield and other agents, shall not be liable and held harmless to me for any claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising from my participation in exercise programs or from my use of exercise equipment or facilities used for the purpose of this program.

By signing below I have read and agree to the above terms.

Participant's Signature

Date

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