



ZUMBA CLASSES

ARE AVAILABLE AT

THE MINNIE B. VEAL COMMUNITY CENTER

1070 Grove Avenue, Edison

TUESDAYS – 7:00 P.M. – 8:00 P.M.

THURSDAYS – 7:00 P.M. – 8:00 P.M.



Classes are designed for all levels and includes warm ups, exercise and cool down with music.

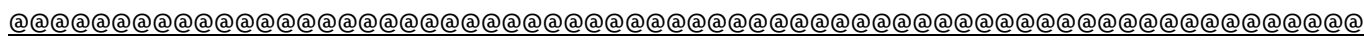
\$10.00/CLASS

Payment is to be made in cash to the Instructor at the Class.

FOR CLASS DETAILS CONTACT

RUMELA BANDYOPADHYAY

PHONE: (H)732-757-0655 (C) 732-796-4805 – EMAIL: RUMELA.BAND@GMAIL.COM



Zumba Application

(Please Print)

Name: _____ Male/Female: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home/Cell Phone: _____ E-Mail: _____

Emergency Contact Name: _____ Emergency Phone #: _____

I will be attending the Zumba Class on
 Tuesdays 7:00 P.M. _____ Thursdays 7:00 P.M. _____

I HEREBY GIVE PERMISSION FOR MYSELF/MY CHILD TO PARTICIPATE IN THIS ACTIVITY AND ASSUME THE RISK THEREOF, AND I DO AGREE FOR MYSELF/MY CHILD AT ALL TIMES TO KEEP THE SAID RECREATION DEPARTMENT, PERSONNEL AND THE TOWNSHIP OF EDISON FREE, HARMLESS AND INDEMNIFIED FROM ANY AND ALL LIABILITY FOR ANY INJURY I/MY CHILD MIGHT SUSTAIN AS THE RESULT OF SAID PARTICIPATION. I ALSO GIVE PERMISSION FOR THE POSSIBLE VIDEO/AUDIO OF MYSELF/MY CHILD'S PARTICIPATION IN SAID ACTIVITIES. IN THE CASE OF A MEDICAL EMERGENCY, WHERE I CANNOT BE REACHED, I GIVE PERMISSION FOR IMMEDIATE MEDICAL CARE FOR MY CHILD. IT IS FURTHER UNDERSTOOD AND AGREED THAT EDISON TOWNSHIP DOES NOT PROVIDE ANY INSURANCE COVERAGE FOR THE PARTICIPANT OR ORGANIZATION.

SIGNATURE _____ DATE _____

PRINT NAME _____