

**FLORAL PARK RECREATION
SESSION I FALL 2024**

V.F.P. 2024/2025 LEISURE PASS OR 2024 POOL PASS REQUIRED AT REGISTRATION

NAME: _____ AGE: _____

ADDRESS: _____ DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PERSON TO CONTACT IN CASE OF EMERGENCY OTHER THAN SELF

NAME: _____ PHONE NO.: _____ CELL PHONE: _____

PLEASE CIRCLE THE PROGRAM OF YOUR CHOICE

ADULT PROGRAMS – \$65.00 FEE

*(UNLESS OTHERWISE STATED)

INTERVAL FITNESS

WEDNESDAY & FRIDAY

9:15 AM – 10:15 AM (First Class Sept 13) **\$75.00**

CARDIO KICKBOXING/TONING

MON / WED

7:00 PM – 8:00 PM (First Class Sept 23) **\$75.00**

ADULT YOGA

TUESDAY

7:30 PM – 8:30 PM (First Class Sept 24)

OR

SATURDAY

8:45 AM – 9:45 AM (First Class Oct 12)

PILATES

TUESDAY

6:15 PM – 7:15 PM (First Class Oct 1)

OR

THURSDAY

4:15 PM – 5:15 PM (First Class Oct 3)

YO-CHI

MONDAY

4:15 PM – 5:15 PM (First Class Sept 30)

ZUMBA

SATURDAY

10:00 AM – 11:00 AM (First Class Oct 12)

PROGRAM FEES ARE NON-REFUNDABLE
(CHECKS PAYABLE TO: **INC VILLAGE OF FLORAL PARK**)

I UNDERSTAND AS THE PATRON INDIVIDUALLY, AND/OR ACTING ON BEHALF OF ENROLLED IN FULL THAT I SHALL BE LIABLE FOR ANY PROPERTY DAMAGE AND/OR PERSONAL INJURY (CAUSED BY A MEMBER, GUEST OR ANY OTHER PERSONS) AT THE VFP RECREATION CENTER OR DURING ANY ACTIVITY, FUNCTION, ARRANGED OR SPONSORED EVENT. IT IS MY OBLIGATION TO PAY FOR ANY COSTS INVOLVED UPON PRESENTATION OF A STATEMENT THEREOF. PARTICIPATION IN ANY AND ALL ACTIVITIES, FUNCTIONS, ARRANGED OR SPONSORED EVENT SHALL BE AT SUCH PERSON'S OWN RISK. I AGREE THE INC. VILLAGE OF FLORAL PARK, THE VFP RECREATION CENTER, EMPLOYEES, AND RESIDENTS SHALL NOT BE LIABLE FOR ANY INJURIES OR DAMAGE, INCLUDING THOSE CAUSED BY BACTERIA OR VIRUS, TO SUCH PERSONS, OR THE PROPERTY OF SUCH PERSONS, OR BE THE SUBJECT TO ANY CLAIM, DEMAND, INJURY, ACTIONS OR CAUSES OF ACTION OR DAMAGES, AND I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD THEM HARMLESS FROM ANY CLAIM. I ALSO ACKNOWLEDGE READING AND AGREE TO THE POLICIES AND RULES OF THE VFP RECREATION CENTER AS THE PREREQUISITE TO PARTICIPATE IN THE PROGRAM. I AGREE THAT ANY PHOTOS TAKEN DURING THIS PROGRAM MAY BE USED AT THE RECREATION DEPARTMENT'S DISCRETION.

I (First Name) _____ (Last Name) _____

Signature: _____ Date: _____

Proof: 2024/2025 V.F.P. Leisure Pass or 2024 Resident Pool Pass Cash or Check

Recreation Employee Signature: _____ Date: _____ Receipt No. _____