Senior Programming Hudson Ridge Senior Center 98 Church Street Aberdeen, NJ 07747

Registration Form

PARTICIPANT	DATE OF BIRTH				
ADDRESS		_			
HOME PHONE	CELL PHONE	_			
EMAIL					
EMERGENCY CONTACT	EMERGENCY PHONE				

Programming options:

Class	Instructor	Days	Dates	Times	Resident Cost	Non Resident Cost	Enroll w/ a Check Mark Here
Aerobics	Laura Connelly	Mon,Wed	7/19-9/1/21	10:30-11:30	\$0	\$47	
Gentle Strength	Debbie Dellosso	Tues	7/20-8/31/21	11:00-12:00	\$0	\$23	
Zumba Gold	Betty Benitez	Tues,Thurs	7/20-8/31/21	12:30-1:30	\$0	\$47	
Strength Training	Debbie Dellosso	Wed	7/21-9/1/21	9:00-10:00	\$0	\$23	
Chair Yoga	Debbie Dellosso	Fri	7/23-9/3/21	10:30-11:30	\$0	\$23	

If you are interested in registering for any of the above programs and can do so by either calling the recreation department at 732-583-4200 ext. 129 or by logging into our online registration system at https://parksrec.egov.basgov.com/aberdeen

If you would like to register using this form, please check the corresponding box in relation to the Class. Please circle the resident or nonresident rate and mail in your check.

Please make checks payable to: Aberdeen Recreation One Aberdeen Square Aberdeen, NJ 07747

Any Questions please contact the recreation department at 732-583-4200 ext. 129 or 134.

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Release Form

HOLD HARMLESS

I understand that I am participating at my own risk. I agree to hold harmless the Township of Aberdeen, Senior Center, or authorized agents for any injury that I may suffer by participation in any of the programs offered through the Senior Center. This means that you releasing the Township of Aberdeen, the Senior Center, or its authorized agents from any liability for any injury that you suffer as a result of participating in activities sponsored by the Township of Aberdeen Senior Center. By signing this form, you are voluntarily and freely giving up your rights to sue the Township of Aberdeen, the Senior Center, or its authorized agents. Further, by signing this waiver, you acknowledge that you do so voluntarily and of your own free will. You further acknowledge that you have capacity to enter into this agreement releasing the Township of Aberdeen from its liability. You farther understand and agree that your signature on this waiver applies not only to any events listed in the waiver but to any and all events from this forward in which you participate that are sponsored by the Township of Aberdeen Senior Center. By executing this waiver, you release the Township of Aberdeen, the Senior Center, or its agents not only from any items listed in this form but from any activities or events that you participate in, in the future. This includes all classes, presentations, trips, senior citizens club meetings, etc.

MEDICAL RELEASE FORM

I hereby release, waive and agree to hold harmless the Township of Aberdeen, its employees, contractors, associates, departments or other entities or individuals representing the same, with regard to any accidents, illness or personal injury I may suffer, which might result from my participation in any activity or program listed below offered by the Township of Aberdeen. I am aware that it is my responsibility to check with my doctor before beginning any type of activity offered by the Township of Aberdeen. The Township of Aberdeen has advised me that a physician's approval is strongly recommended prior to beginning any exercise program that is offered by the Township of Aberdeen at the Senior Center. I acknowledge I have no mental or physical condition that might compromise my ability to participate in the activities which have not been disclosed to the Township of Aberdeen and I am fully capable of participating in these activities without causing harm to myself or others.

Please Print Name: _____

Please Sign: _____ Date: _____