

Straight on Strength

Kelly Straight teaches this class using various strength training modalities: free weights, stretch bands, exercise balls, weighted bars and mat work. The class accommodates all fitness levels and Kelly offers modifications for rehab and novice students. Routines vary each class with emphasis on functional strength. The class is well rounded, working core, upper body and lower body, adding education and a good time! Every other week is cardio fitness with strength training--more leg work, lighter weights higher reps, faster count, more cardio work.



Instructor: Kelly Straight

Session dates: On going : Summer Break: **NO Class in July**

Check VPD on-line calendar for breaks or cancellations: or call the office at 206-463-9602

Ages: 18 and up

Days and times:

Monday, Wednesday & Friday 9:00 AM to 10:00 AM.

Wednesday is interval training with stationary cycling,

Location: Ober Performance Room

Fee: Punch card options (**Expires 90** days after Date of Purchase)

4 X \$44 8 X \$82 12 X \$118

Single classes (drop-ins) \$16 each class

Questions? Contact Us!

(206) 463-9602 phone
(206) 463-9614 fax

www.vashonparkdistrict.org

17130 Vashon Hwy SW
P.O. Box 1608
Vashon Island, WA 98070

Office Hours:
8 a.m. to 4 p.m.,
Monday thru Friday

Required: Workout clothes, running/gym shoes, sweat towel and water

IMPORTANT! Registration packets without required signatures, payment, Reduced Fee and/or Payment Plan paperwork, if applicable, will

NOT be accepted until all required documents are received.

This will affect placement on the program roster.

PLEASE SEE ATTACHED PAGE FOR REGISTRATION

Official Use Only

**Straight
on Strength**

Session dates: On-Going
Time: 9 AM to 10 AM
Location: Ober Performance
Instructor: Kelly Straight

Days: M,W,F
Ages: 18 and up
Fee: Punch Card
 CCW___PP___RFA___

Payment Date: _____ Amt: _____ TYPE: ___CC ___CHK# _____ Cash _____ Web _____

Registration Information: Please complete side 1 and 2 of this form. If you have a Park District On-line Profile fill out the * lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

- * Name of Participant: _____
- * Date of Birth: _____ Grade: _____ Age _____ Gender _____
- * Parent or guardian name: _____
- * E-mail: _____ I do not wish to Receive promotional e-mail

Stop! If you have registered for a park program in the last 6 months you do not need to fill out the below information. Please proceed to the waiver page.

Primary phone: _____

Secondary phone: _____ Other phone: _____

Mailing address: _____

Home address if different from above: _____

Emergency contact: _____

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: _____ Relation: _____

Emergency back-up contact: _____

Phone: _____ Relation: _____

I DO or DO NOT have any medical conditions.

Please list all medical conditions: _____

Doctor name: _____ Doctor phone: _____

Location: _____

How did you hear about this program? Newspaper Website Mass email Poster

School registration packet Word of mouth Billboard Repeat session Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** to VPD's Reduced Fee Fund. Amount: \$ _____ Thank you!

