



# Fitness beyond Fifty

Push the boundaries of fitness in middle age and beyond with gymnastics and dance instructor Sam Van Fleet. Through an evolving practice of strength, balance and stability training, the class serves as a guide toward a greater awareness of and care for our aging bodies. Sam invites everyone from the newly curious about fitness to aging athletes. He offers an approach and philosophy of exercise to keep strong, stable and flexible your whole life long. Come try out your first class free! The only requirement is that you are able to get up unassisted from the floor.

**Instructor:** Sam Van Fleet

Sam was tumbling specialist with the University of Colorado men's gymnastics team and a principal dancer with the Robert Davidson Dance Company. He has taught gymnastics, dance and acrobatics for many years.

**Session dates:** Ongoing

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

**Ages:** Adults

**Days and Times:** Wednesdays at 11:00 AM to 12:15 PM

**Location:** Ober Park

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

4 X \$44    8 X \$88    12 X \$122

\$13 Single classes (drop-ins)

**Required:** Workout clothes, running/gym shoes and water bottle.

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**Questions? Contact Us!**

(206) 463-9602 phone

(206) 463-9614 fax

[www.vashonparkdistrict.org](http://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

**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

<b>Fitness Beyond Fifty</b>	<b>Session dates:</b> On going <b>Ages:</b> 50 and up <b>Location:</b> Ober Performance <b>Instructor:</b> San Van Fleet	<b>Days:</b> Wednesday <b>Time:</b> 11 AM to 12:15 PM <b>Fee:</b> 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!

# Disclaimer, Release and Waivers

**Vashon Park District Refunds & Cancellations:** Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

**Disclaimer:** In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian/Participant if 18+ years old signature)

Please print name \_\_\_\_\_

## Photo Release:

I hereby give to Vashon Park District, its designees, agents, and assigns, perpetual, non-exclusive, royalty-free, and unlimited permission to use, publish and republish reproductions of my or my children's likeness (photographic or otherwise), with or without identification of me or them by name, in print, electronic, or any other medium, including but not limited to our web site and in any publicity or other materials.

Consent of parent or legal guardian if above individual is a minor

I consent and agree, individually and as a parent or legal guardian of the **minors name listed below**, to the foregoing terms and provisions.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to minor

## Concussion Waiver:

I, \_\_\_\_\_, have read and understand the **Concussion Information sheet** provided by Vashon Park District and hereby release VPD, the VI School District, their employees, agents, volunteers, and designees from any liability related to my child suffering a Concussion/Head Injury while engaging in this activity. Parent/Guardian Initial \_\_\_\_\_

**Mail completed form to:** VASHON PARK DISTRICT, P.O. BOX 1608 Vashon, WA 98070 or

**Place** in the secure mail slot drop box on the north entrance of the District Office at Ober Park facing the parking lot or

**Register online at** [www.vashonparkdistrict.org](http://www.vashonparkdistrict.org).