

**Pitt County Community Schools and Recreation  
Getting Fit: The Basics  
Adult Fitness Program**

**Description:**

This incentive-based four week adult fitness program is designed to serve Pitt County Schools staff members as well as community participants. The program will consist of a variety of fitness class formats including low-impact aerobics, cardio and strength, sport-inspired training, and ZUMBA® to help you achieve your fitness goals safely and effectively.

**Location:**

Wintergreen Intermediate School – Multi-purpose room

**Date & Time:**

January 24-February 16, 2012, Tuesdays and Thursdays from 6:30-7:30 PM

**Cost:**

\$10.00 for Pitt County Schools staff for four weeks

\$25.00 for community participants for four weeks

*Open until filled and space is limited to 40 participants!*



**Sign up:**

Pitt County Recreation Complex (Located across from Pitt County Farmer's Market and Animal Shelter at Alice Keene Park) or mail to:

Pitt County Community Schools and Recreation

4561 County Home Rd, Greenville, NC 27858

For more information, call 902-1975

**Registration Form:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Payment Method: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Make Check Payable to: Pitt County Schools

**In case of an Emergency, who should be contacted?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver:**

By participating in the Pitt County Community Schools and Recreation adult recreation programs, I agree to follow guidelines set forth by School Board Policy. While I realize that all precautions will be taken to guard me from injury, I will not hold the Pitt County Board of Education, the Community Schools & Recreation Program or program staff responsible for accidents that may occur. I recognize and understand that participation in adult recreation programs may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing cardiovascular disorder which I may have, thereby resulting in serious or life threatening physical harm to me. I warrant and represent that I am in good physical health and condition and am physically able to participate in this program.

Are there any special circumstances we should be aware of while you are participating in the adult recreation programs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state below:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date