

Adult

Kentwood Parks and Recreation Department

355-48th St SE, Kentwood, MI 49548
(616) 656-5270
www.yourkprd.org



ENHANCE FITNESS®

Live
healthy.

COMMUNITY OUTREACH PROGRAMS

MetroHealth



SENIOR NEIGHBORS, INC.
Enhancing Senior Lives

2013

Especially For Seniors! **Metro Health, Senior Neighbors** and **Kentwood Recreation** have joined together to offer this new, exciting fitness class for persons age 50 and better. Enhance Fitness is an evidence-based program that focuses on developing strength, balance, endurance and flexibility while making it an enjoyable socialization experience. It will improve your balance, flexibility, bone density, endurance, coordination, and mental sharpness and decrease your risk of falling. 8 week sessions. Join at any time! *If cost prevents you from participation, please call (616) 252-7117.

Site: Kentwood Activities Center (355-48th St SE). Instructor: Shelly Binder.

DATES	TIME	DAY	WEEKS	CODE	COST	SKIP
Jan 7-Mar 1	1-2:00pm	M W F	8 Weeks	#542437A	\$2 Drop-In	
Mar 4-Apr 29	1-2:00pm	M W F	8 Weeks	#512435A	\$2 Drop-In	Skip 3/29
May 1-Jun 26	1-2:00pm	M W F	8 Weeks	#512436A	\$2 Drop-In	Skip 5/27
Jun 28-Aug 21	1-2:00pm	M W F	8 Weeks	#522440A	\$2 Drop-In	
Aug 23-Oct 18	1-2:00pm	M W F	8 Weeks	#532440A	\$2 Drop-In	Skip 9/2
Oct 21-Dec 16	1-2:00pm	M W F	8 Weeks	#532441A	\$2 Drop-In	Skip 11/29

To Register:

Mail-In/Walk-In: Kentwood Parks & Recreation Dept, 355-48th St SE, Kentwood, MI 49548

Phone-In: 656-5270 or 656-5278 Fax: 656-5282 Visa/Mastercard Only

On-Line: www.yourkprd.org Visa/Mastercard Only. Call for ID. Updated 10/23/12

ENHANCE FITNESS ~ 2013

Name: _____ Sex: M/F

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Birthdate: ___/___/___ E-Mail: _____

Waiver: I acknowledge that by signing this form, I agree not to hold the city of Kentwood or the Kentwood Parks and Recreation Department responsible for any injuries that might occur to the participant during the above-mentioned program. I confirm that the participant is covered by a family health insurance plan. If the participant is not covered, I will assume all financial responsibilities for any injuries to the participant. Furthermore, I authorize the City of Kentwood and the Kentwood Parks and Recreation Department to use photographs of the participant for its own advantage, including, but not limited to, reproducing photographs acknowledge and agree that neither I nor the participant are entitled to any compensation for any use of the photographs.

Signature _____ Date: ___/___/___ Amount Enclosed: _____

Check / Cash / MC / Visa (Circle One Please) Expiration Date: ___/___/___ Card Number: _____

OFFICE USE:

Total Paid \$ _____ Cash/Check _____ MC/V Exp _____/_____/____ Date _____/_____/____ Staff _____