

Village of Croton-on-Hudson Recreation Department

WINTER 2024 / ADULT 60+

FITNESS FOR BALANCE

Improve balance and fitness with ACSM Certified Exercise Physiologist Cathy DiSomma. Balance is the key to all daily functions and activities. Build strength, improve flexibility and reduce the risk of falls. This is a gentle exercise class suitable for those with mobility limitations, and will be adapted to the level of each participant. * **Please bring a water bottle & wear comfortable clothing** *

Dates: Thursdays, Jan 25 – Mar 14, 2024
Time: 1:00 – 2:00 PM OR 2:15 -3:15PM
Location: Municipal Building, Community Room
Fee: \$70 Village Residents for 8 sessions
\$80 School District or Non-Residents



Instructor: Cathy DiSomma, ACSM Certified Exercise Physiologist

Registration Deadline: January 18, 2024 (Non-Resident Registration Starts December 18, 2023)

(Missed the deadline? Call to inquire about late registration on a space available basis.)

Questions? Call (914) 271-5804 or visit www.crotononhudson-ny.gov/seniors

WINTER 2024* FITNESS FOR BALANCE

Amount: \$70 Village Resident / \$80 School District or Non-Resident

Register online at www.crotononhudson-ny.gov/seniors or mail form and check

(Payable to "Village of Croton") to: Croton Recreation Dept., One Van Wyck St., Croton NY 10520

Name: _____ Phone: _____

Please Circle Desired Program Time: 1:00 – 2:00 PM (3612 – 3A) 2:15 -3:15PM (3612 - 3B)

Address: _____

Email: _____

Emergency Name & Phone #: _____

I hereby grant the Village of Croton on Hudson permission to use my likeness in photograph(s) in any publications or publicity materials (including but not limited to books, newsletters, videos and internet use), in perpetuity. If I do not want pictures or videos to be used as described above, check here:

I hereby recognize that there are inherent risks involved with participation in this program, and agree to release and hold harmless the Village of Croton-on-Hudson, their employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation. In the event of injury, I hereby give permission person, named above, to be transported to a hospital for treatment to include evaluation of the injury, x-rays, and needed medical care I agree to indemnify and hold harmless the Village of Croton on Hudson for any damages or injuries.

Signature: _____ Date: _____