

# Zumbatomic®

6-Week Series: **January 25th-February 29th**



All Sessions run 3:45 - 4:30pm  
**WEDNESDAYS ONLY!!!!**

for  
**Lil' Starz (ages 4-7) & Big Starz (ages 8-14)**

Class days subject to change  
**\$20 for the series**

**Snack/Activity to follow all sessions until 5:15pm for anyone interested**

**Kids love to crank up the music, shake, wiggle and  
have a blast with their friends.**

**So why not get fit while they're at it?**

*Parents with a NCKWC Individual membership get a \$5 discount  
NCKWC monthly family memberships get \$10 discount  
NCKWC yearly family memberships get \$20 discount*

Accepting 5-15 kids per age group! Sign up TODAY!!!

**Call 785-738-3995 or e-mail [janea@nckwellness.com](mailto:janea@nckwellness.com) for all the details!**

Class preference:      Mondays (4-7)                      Wednesdays (8-14)

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

E-mail address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: & Phone Number that they/you can be reached during class times

\_\_\_\_\_

Come dressed in comfortable workout clothes and carry in gym shoes.

I understand that I am responsible for monitoring my own condition throughout my workout, and should any symptoms occur, I will cease my participation and inform the staff on duty of symptoms.

Also, in consideration for being allowed to participate in the gym/fitness center program, I agree to hold harmless NCK Wellness Center Inc. and its staff members from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in anyway from this program.

Guardian Signature: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Registration will be limited to 5-15 participants. Should your registration come in after 15 have been enrolled, a waiting list will be started. Should fewer than 5 participants sign up, the class will be postponed until filled.

For Office Use:

Paid by:              Cash                      Check No. \_\_\_\_\_

Date and Time Payment Received: \_\_\_\_\_

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