

FREE Introductory  
Class on Tuesday,  
January 22nd!

# Functional Circuit Training

This class combines high intensity cardio with multi-joint strength training exercises and 3D movements. We help you build upon basic movements you use in your daily life.

The Instructor is Alexandria Ceci, a Lincoln Park resident, Personal Trainer and AFAA Certified, TRX Qualified Group Exercise Leader

**Tuesday Mornings 9:30-10:30AM**  
**LP PAL/Community Ctr, 10 Boonton Turnpike, Lincoln Park**



**\$10 Walk-In Class Fee**  
**\$35 (4) Class Package**  
**\$80 (10) Class Package**



**\*\*\*Please bring a mat and weights\*\*\***

Name \_\_\_\_\_ D.O.B.: \_\_\_\_\_ (Age 16/Over)

Address \_\_\_\_\_  
street address \_\_\_\_\_ city, state, zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
(for class info such as cancellations or future classes & events)

Emergency Contact Name & Number: \_\_\_\_\_

### **NO REFUNDS**

**Waiver & Consent:** I acknowledge that I am or my child is in suitable physical condition to participate in the recreation program, activity, sport, trip or event that I have registered for or have registered my child for & I hereby assume any risks involved by such participation. I certify that I am or my child is fully capable of participating in this recreational program, activity, sport, trip or event & that I do not have or my child does not have any physical or mental disability that would restrict full participation. For me & on behalf of my child, I do hereby waive, release, indemnify & hold harmless the Borough of Lincoln Park, its directors, superintendents, employees & volunteers from any liability &/or for any injury or damages that may be suffered by me or my child in the course of participation in the recreation program, activity, sport, trip or event & the activities incidental thereto, whether the result of any negligence or any other cause. In the event I am unable or unavailable to do so, I grant permission to receive or have my child receive emergency professional medical care as deemed necessary by the Recreation Staff. I agree to abide by the Rules & Regulations of the Lincoln Park Recreation Department & those of the venue that the Lincoln Park Recreation Department is visiting.

**Photo Waiver Acknowledgement:** Lincoln Park Recreation reserves the right to photograph attendees throughout the course of their events. As an attendee &/or on behalf of my child, I hereby grant permission to the Borough of Lincoln Park, its directors, superintendents, employees & volunteers to photograph me &/or my child & use the images solely for public relations purposes &/or the social media pages of the Borough of Lincoln Park. I do hereby waive, release, indemnify & hold harmless the Borough of Lincoln Park, its directors, superintendents, employees & volunteers from any liability &/or for any injury or damages that may be suffered by me or my child as a result of the taking or use of the photograph & images obtained in the course of participation in the recreation program, activity, sport, trip or event & the activities incidental thereto, whether the result of any negligence or any other cause.

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Lincoln Park Recreation  
34 Chapel Hill Rd, Lincoln Park, NJ 07035 / www.lincolnpark.org / (973) 694-6100 ext #2206 / lprecreation@bolp.org