



# Northampton Parks & Recreation Aquatic and Family Center



located at JFK Middle School, 100 Bridge Rd., Florence, MA



## Water Aerobics Winter Classes 2022

ALL CURRENT LOCAL AND  
STATE COVID REGULATIONS  
WILL BE FOLLOWED

**Classes use a combination of deep & shallow water exercise**

This fun energizing class will leave you feeling refreshed and rejuvenated! Using the resistance of water to develop balanced muscle conditioning and cardiovascular fitness, this program is for all ages, ability, and fitness level who enjoys the water and wants to get and keep fit. Deep & shallow water workouts offer a superior range of motion and allow for greater muscular strengthening. Most exercises are done in a vertical position and are designed to provide a great full body workout. Everyone is encouraged to work at their own pace and exercises may be modified to suit individual needs. Belts and/or pool noodles are available for the deep. So, how about it? Let's "dive in" together and get moving the water. Our instructors bring lots of energy to their dynamic, safe and constructive class.

### **\*\*MORNING CLASS**

**Monday, Wednesday & Friday 7:00 - 7:40 am**

**(Morning Water Aerobics Registration Opens Thursday January 12 @ 1:00 pm)**

**Dates:** January 27, 2023 - April 7, 2023 (30 classes)  
(No Class February 20)

**Fee:** Resident: \$120

Non-Resident: \$150

AFC members who extended their membership: \$90\*

\*This fee is for those who had active AFC memberships in March 2020 when we shut down for COVID, has not expired, and who did not request a refund. Please contact our office if you are unsure or need clarification.

**Walk In Fee:** \$10

### **\*\*EVENING CLASSES**

**Monday 6:15 - 7:15 pm (5:30 - 6:30 from 2/27)**

**Dates:** January 30, 2022 - March 27, 2023 (8 classes)  
(No Class February 20)

**Fee:** Resident: \$64

Non-Resident: \$72

AFC members who extended their membership: \$56\*

\*\*This fee is for those who had active AFC memberships in March 2020 when we shut down for COVID, has not expired, and who did not request a refund. Please contact our office if you are unsure or need clarification.

**Walk In Fee:** \$10

**Wednesday 6:15 - 7:00 pm**

**Dates:** December 28, 2022 - February 15, 2023 (8 classes)

**Fee:** Resident: \$48

Non-Resident: \$64

AFC members who extended their membership: \$40\*

\*\*This fee is for those who had active AFC memberships in March 2020 when we shut down for COVID, has not expired, and who did not request a refund. Please contact our office if you are unsure or need clarification.

**Walk In Fee:** \$10

**FOR MORE INFORMATION  
& TO REGISTER**



SCAN ME

OPEN YOUR CAMERA APP ON YOUR PHONE  
& FOLLOW THE PROMPT

Registrations accepted online or at the AFC, 100 Bridge Road, Florence, MA; Mon-Fri 6:30-8:00 pm, 413-587-1046  
or

Northampton Parks & Rec Department, 100A Bridge Road, Florence, MA; Mon-Fri 8:30 am-4:30 pm

**413-587-1040**

**[www.northamptonma.gov/recreation](http://www.northamptonma.gov/recreation)**

Updated 11/21/22

# NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT LEGIBLY**

New to Northampton Parks & Recreation       I have updated my Information

|   |   |
|---|---|
| <p><b><u>ADULT 1</u></b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Phone: (H) (____) _____ (W) (____) _____</p> <p>Cell (____) _____</p> <p>Email: _____</p> | <p><b><u>ADULT 2</u></b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Phone: (H) (____) _____ (W) (____) _____</p> <p>Cell (____) _____</p> <p>Email: _____</p> |
|---|---|

**EMERGENCY CONTACT OTHER THAN PARENT**

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Photo Release:** May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes       No

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

| Program Name | Start Date | Day(s) | Basic Fee | Total Fee |
|--------------|------------|--------|-----------|-----------|
|              |            |        | \$        | \$        |
|              |            |        | \$        | \$        |

**TOTAL FEE FOR PARTICIPANT** \$  

**Special Considerations/Comments** (Use back if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recreational and Volunteers Activities Release Form**

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton. I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs.

Participant Signature or Parent/Legal Guardian if under 18 years old: \_\_\_\_\_

Date: \_\_\_\_\_

**Charge my** VISA \_\_\_ Master Card \_\_\_ Discover \_\_\_ Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Office Use Only:** Amt Rec'd \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Credit \_\_\_ Date \_\_\_\_\_ RT Date \_\_\_\_\_ Staff \_\_\_\_\_