

St Croix Therapy

Fitness Group



Active, Strength, Fun

St Croix Therapy Fitness Groups is geared towards ALL abilities. Classes will be 45 minutes packed with fun, fitness games, and friends. Each session, St Croix Therapy Fitness Group will have a fun, energetic fitness lesson with a ninja warrior course in an environment to enjoy movement and exercise for all abilities. We will offer a beginner group and advanced group.

Choose to sign up for one class at a time or for all 6 sessions!

Please e-mail Brittany with questions: bmoreland@stcroixtherapy.org

- Week 1: 6/4/22 – Yoga
- Week 2: 6/11/22 – Dance Fitness
- Week 3: 6/18/22 – Running Games/Activities (tag, relay race, etc.)
- Week 4: 6/25/22 – Volleyball
- Week 5: 7/2/22 – Kickball
- Week 6: 7/11/22 – Ninja Warrior



BEGINNER LEVEL
AGES 5-7
9:00-9:45AM
SATURDAYS

ADVANCED LEVEL
AGES 8+
10:00-10:45AM
SATURDAYS

6 WEEKS, 45 MINUTE
SESSIONS,
ALL 6 CLASSES: \$60
PRICE PER CLASS: \$15
LIMIT 10 KIDS/SESSION

REGISTRATION DEADLINE
JUNE 1, 2022

REGISTRATION:

Child's Name: _____ Child's Age: _____

Parent/Caregiver: _____

Email: _____ Phone: _____

Select Sessions your child will be attending:

- | | |
|--|--|
| <input type="checkbox"/> Week 1: 6/4/22 | <input type="checkbox"/> Week 4: 6/25/22 |
| <input type="checkbox"/> Week 2: 6/11/22 | <input type="checkbox"/> Week 5: 7/2/22 |
| <input type="checkbox"/> Week 3: 6/18/22 | <input type="checkbox"/> Week 6: 7/11/22 |
| | <input type="checkbox"/> All 6 Sessions |

Submit this Registration form & Waiver to St Croix Therapy with a payment for classes, by June 1st, to reserve your child's spot.

Assumption of Risk and Waiver of Liability

Participation at St Croix Therapy (SCT) involves elements of risk to participants. In consideration of my being allowed to participate at St Croix Therapy, located at 742 Sterbenz Dr., Hudson WI, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates, and executors, voluntarily agree to assume all inherent risks incidental to St Croix Therapy, and agree that St Croix Therapy, its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site, and their successors and/or assigns ("SCT"), are not liable for, and I/we hereby release SCT from, any and all claims for cost, damages, death and/or injury to the fullest extent allowed by law resulting from those participating at St Croix Therapy, even if arising from ordinary negligence of SCT. Participants and/or visitors agree to observe all rules of St Croix Therapy.

Medical Certification & Release

In the event of any medical emergencies, I authorize St Croix Therapy to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume full responsibility for all cost associated therewith.

I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to the above medical authorization and waiver.

Signature: _____ Date: _____

Photo Release

I hereby give my consent to use all photographs, audio and/or video recordings taken of me or my minor child. I understand that such media materials become the property of St Croix Therapy (SCT) and may be used as determined by SCT for educational, instructional, or promotional purposes in printed, recorded, or other electronic formats.

(Parent/Guardian Signature and Date)

___ I do give consent _____ Date: _____
(Signature)

___ I do **not** give consent _____ Date: _____
(Signature)