



**SOUTH PLAINFIELD RECREATION DEPARTMENT  
AEROBICS REGISTRATION FORM**

**FEE: \$45/SESSION - SESSION RUNS EVERY TWO MONTHS  
MONDAYS, WEDNESDAYS, AND FRIDAYS  
STARTING AT 9:00AM AND ENDING AT 10:00AM**

**PLEASE CIRCLE:**

**JAN. & FEB.  
SEPT. & OCT.**

**MARCH & APRIL  
NOV. & DEC.**

**MAY & JUNE**

**REGISTER AT THE PAL, 1250 MAPLE AVENUE**

**NAME: \_\_\_\_\_ DOB: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**I UNDERSTAND THAT PHYSICAL RISKS ARE INVOLVED IN  
SUCH ACTIVITIES. I ASSUME FULL RESPONSIBILITY FOR  
ANY INJURIES RESULTING FROM MY PARTICIPATION IN THE  
PROGRAM.**

**SIGNATURE: \_\_\_\_\_**