

WORKOUT IN THE WEIGHT ROOM GRADES 6-8

*Susan Silver, former Bromfield Physical Education
Teacher assisted by Bromfield Staff Members*



A continuation of the Physical Ed curriculum at Bromfield, students will devise a personal workout. They will work to tone their muscles including their heart. Elliptical, stepper, bike and treadmill will be available.

Students must be registered in advance to attend. Students may participate as many days per week as they wish, everyday participation is not required. Come one day a week or come four. The choice is yours!

Monday-Thursday

February 26-March 1, March 5, March 12-15, 2018 3 weeks
Mondays 2:30-3:30, Tuesday/Wednesday/Thursday 3:00-4:00 p.m.

Class minimum: 12
Fee: \$65.00

Bromfield Weight Room



Space is limited! Register quickly!
***Drop your registration off at the Community Ed
office in the Bromfield House (mailbox on the
porch for before/after hours drop off)***

Class size is limited. Registration is on a first-come, first-served basis. If the class is full your check will be returned by mail. Confirmations are sent via email.

Transportation will not be provided. Full payment must accompany registration.

REFUND POLICY: Once a class has reached minimum enrollment, no refunds will be issued. Check will be returned only if a class is cancelled.

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451
978-456-418 jcavanaugh@psharvard.org

Community Education —WEIGHT ROOM Gr 6-8, Winter 2018
Use this form or register ONLINE at
www.psharvard.org, use the "Departments" link, then
Community Education, Spectrum



Name _____ GR _____

Address _____

Home Phone _____ Cell Phone _____

Parent(s) _____ Work Phone _____

e-mail _____

PLEASE PRINT Confirmation is done via e-mail.

If you do not use e-mail please call the office to confirm registration.

Make check payable to: Town of Harvard, 39 Mass. Ave., Harvard, MA 01451
*Non Residents (does not include School Choice) please add \$10 non-resident fee
OR Pay online using the Online Payment Center (Community Ed/Spectrum) and email
a copy of your payment confirmation number to jcavanaugh@psharvard.org.
BOTH Payment and Registration MUST be received in order to be registered/participate.

Harvard Community Education does not discriminate on the basis of race, national background, religion, gender, economic status, political party, age, handicap and other human differences in admission to, access to, treatment in or employment in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Director of Pupil Services, Harvard Public Schools, 978-456-4143.

I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the Community Education/Spectrum program and agree to allow him/her to participate in the above listed Spectrum class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.

I have read and am fully aware of the Refund Policy of Harvard Community Education and the Spectrum Program.

PARENT/GUARDIAN SIGNATURE

DATE



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