

## Portland Parks & Recreation

P.O. Box 71  
Portland, CT 06480  
860-342-6757  
860-342-6763 Fax



### TAI CHI FOR LONG LIFE



Tai Chi For Long Life is a unique health & fitness program designed to help relieve chronic pain & sickness, reverse many symptoms associated with normal aging, significantly reduce the harmful effects of stress, instill a deep sense of calm and relaxation, increase vitality and improve one's overall quality of health. Tai Chi has been proven through scientific studies to, among other things, improve balance, alleviate arthritis, reduce bone loss due to osteoporosis and manage blood sugar levels.

### Summer Session

**Held at The Buck Foreman Comm. Center**

**9:30 a.m. Wednesday June 13 to Sept. 5**

**11:00 p.m. Saturday June 16 to Aug. 18**

***No Class 7/4, 7/11, & 8/8***

Your Instructor is Ken Zaborowski

One Class per week \$40

Two Classes per week \$80

The drop-in fee is \$6.00 per Class

*For Program Updates &/Or Cancellations, please call the Hot Line 860-262-7234*

**ADULT FITNESS INFORMATION WAIVER**

**PORTLAND PARKS AND RECREATION**

Po Box 71, 265 Main Street, Portland, CT 06480 Phone: 342-6757 Fax: 342-6763

[www.portlandct.org](http://www.portlandct.org)

Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**In case of an emergency, may we transport via ambulance? Please circle: Yes No**

	<u>Program(s)</u>	<u>Date &amp; Time</u>	<u>Fee</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TOTAL \_\_\_\_\_

I hereby agree to hold harmless the Town of Portland and its agents for any accidental injury caused by participation in any Town of Portland sponsored activities. In signing this form, it is understood that Portland Parks and Recreation Department and the Town of Portland **DO NOT** assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the this Department and also has the right to cancel any program if participation requirements have not been met.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)