

# Kickin' Kid's Fitness



**Where and When:** GCS Gym, Thursdays 3:20pm-4:15pm  
8 weeks starting March 5<sup>th</sup>-May 7<sup>th</sup>  
(no class March 12 or April 16<sup>th</sup>)

**Price:** \$60 for 8 week program

**Ages:** Pre-Kindergarten - 6<sup>th</sup> grade

**What:** Students will learn about: stranger danger, safety and awareness, listening skills, coordination exercises, and most of all how to make exercising fun. We will be doing jumping jacks, push-ups, different kicks, pushing the big pads, running obstacle courses & much more!!

**Instructor:** Bonnie Geddes has been teaching karate since 2007 and has been training in Tang Soo Martial arts for 17 years. She has 4 children and is employed at GCS as a sub cafe helper. She teaches karate at James Morris School and at Charland Institute Karate & Fitness in Watertown. She also teaches Kardio Kickboxing to 12yrs. and up to all ages.

Any other Questions: please contact Colleen at [cfinn@goshenct.gov](mailto:cfinn@goshenct.gov) or 860-491-2249.

**Please send back to school or drop off to the Goshen Rec. Dept. with bottom portion filled out and payment made out to Bonnie Geddes.**

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## Goshen Recreation Department Registration Form and Emergency Release

The town of Goshen (the "Town") expressly disclaims for itself and for its officers, commissioners, employees and agents, all liability for any loss or damage to property or bodily injury or death arising from or related to the undersigned's participation in the Town sponsored activity specified herein; and the undersigned hereby knowingly, intentionally and expressly: (1) assumes the risk for any such loss, damage, bodily injury or death; (2) releases the Town and its officers, commissioners, employees and agents from all liability for any such loss, damage, bodily injury or death; (3) waives any claim or cause of action which the undersigned may have against the Town or its officers, commissioners, employees and agents for any such loss, damage, bodily injury or death. If I cannot be reached, I give my permission to the physician selected by the Recreation Department or program supervisor to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child or myself.

Signed Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_

Participant's Name \_\_\_\_\_

Grade \_\_\_\_\_

Kickin Kid's Fitness Spring 2015

\$ 60

Activity \_\_\_\_\_

Fee \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies or physical handicaps: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency # \_\_\_\_\_

Relationship \_\_\_\_\_

