



**COMMUNITY MEDICAL CENTER**  
FALLS CITY, NEBRASKA

**Community Health & Wellness  
Sign-Up**

**SELECT YOUR ACTIVITY (check the boxes)**

- Water Aerobics, summer 2017; June, July, August. Classes 6:30 – 7:15 a.m. Monday, Wednesday, Friday. Start date to be determined. Registration fee: \$40 per session. 2 Sessions of 15 classes. Tentative start date is Monday, June 5.
- F.I.T. Program, summer of 2017 Location; Community Medical Center. Registration fee: Registration fee: \$20. 4 evening sessions that include activity, nutrition, medical health information and fitness exercises. Tentative date month of July or August 2017.
- Cobblestone Fun Run, Saturday, August 26. 1 Mile, 5K or 10K. Location; Stanton Lake, Falls City. Registration fee: \$20 (\$25 after August 21).
- Thanksgiving Turkey Trot, Saturday, November 25. 1 Mile or 5K. Location; Community Medical Center. Registration fee: \$20.
- Falls City Walking Club Location; Falls City, Nebraska. Looking to find a coordinator to assist with walking club. Interested, please contact Linda at Community Medical Center, 402-245-6704. No current fees.

**REGISTRATION**

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

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

Age \_\_\_\_ Sex M\_\_\_\_ F\_\_\_\_ T-Shirt Size: Youth Med, Y-Large, Adult-Small, A-Med, A-Lg, A-XL, A-XXL

**Pay Online or make check to: Community Medical Center (note event) Mail: Attn: Linda Santo, PO Box 399, Falls City, NE 68355**

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

**SIGNATURE of PARENT/GUARDIAN (if under 19 years of age):** \_\_\_\_\_

FOR ADDITIONAL INFORMATION CONTACT LINDA at COMMUNITY MEDICAL CENTER, FALLS CITY,  
Phone 402-245-6704 or lsanto@cmfc.org

*In consideration of your acceptance of my entry, I hereby, for myself, my heirs and executors, waive and release any and all rights and claims which hereafter accrue against organizers, all sponsors, meet officials and the City of Falls City for any injuries or health problems suffered by me in connection with this event. I further certify that I am in good enough physical condition to participate in this event. No refunds due to inclement weather or participant's inability to attend for any reason.*