

**Boxborough Council on Aging Exercise Program**  
**Winter 2026 Registration Form**  
**Fitness with Holly**

**Winter Fitness with Holly** registration begins on Monday, December 15 for Boxborough residents. Beginning Monday, December 29, non-residents may register, if space is available. Classes are for people age 60 and above. In order to hold a class, a minimum of 6 Boxborough residents must register for the session.

The Winter Session runs from Monday, January 5 through Friday March 27. Classes on Mondays and Wednesdays will be held at the Community Center at 9 AM. Friday classes are held via Zoom at 9 AM. If class must be canceled, the instructor or the COA will notify participants as soon as possible. There will be no classes on Monday, January 19 and Monday, February 16.

**Class Schedule**

Fitness with Holly – 9 AM on Mondays and Wednesdays in person at the Community Center and Fridays on Zoom. Modifications are shown for those who prefer to use a chair.

Participants must register for the full session and pay prior to the first class. Must pay for full session even if you have a planned absence. No Pro-Rated Fees.

If class must be canceled due to weather or instructor illness, the instructor or the COA will notify registered participants as soon as possible. There may or may not be accommodations for classes missed do to cancellations.

**Class Session Fees \$4 per class (check all that apply, include total)**

(10) Monday classes \$40\_\_\_\_ (12) Wednesday classes \$48\_\_\_\_ (12) Friday classes \$48\_\_\_\_ **Total \$**\_\_\_\_\_

**Please check the days that you plan to attend.**

Monday 9AM (in person) \_\_\_\_ Wednesday 9AM (in person) \_\_\_\_ Friday 9AM (Zoom) \_\_\_\_

**Checks payable to Town of Boxborough** and returned to Boxborough COA, 29 Middle Road, Boxborough, MA, 01719

COA Contact: Ami Scheen 978-234-1730 or [ascheen@boxborough-ma.gov](mailto:ascheen@boxborough-ma.gov)

Kim Dee 978-264-1717 or [kdee@boxborough-ma.gov](mailto:kdee@boxborough-ma.gov)

**Please provide the following information to complete your registration**

<b>Name:</b>		<b>Birthdate:</b>
<b>Address:</b>		
<b>Phone number:</b>	<b>Email address:</b>	

**Emergency Contact Information**

<b>Name:</b>	<b>Phone number:</b>
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Please complete the waiver on the reverse side



**Town of Boxborough**  
**RELEASE FROM LIABILITY INDEMNITY**  
**AND HOLD HARMLESS AGREEMENT (required)**

I, \_\_\_\_\_ in consideration of my participation in **Council on Aging Exercise Programs**, I do for RELEASE, acquit, discharge and covenant to hold harmless the Town of Boxborough ("Town"), a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, attorneys and agents, of and from any and all actions, cause of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of or in any way arising out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have or may acquire, resulting or to result from said participation in the aforementioned activities. Furthermore, I hereby agree to protect the Town and its successors, departments, officers, employees, servants, attorneys and agents from any injury to any party in connection with said participation in the aforementioned activities and to INDEMNIFY, reimburse or make good to the Town or its successors, departments, officers, employees, servants and agency any loss or damage or costs, including attorneys' fees, which the Town or its representatives may have to pay if any litigation arises from said participation in the aforementioned activities. ***If I am signing up for a virtual exercise class, I am responsible for monitoring myself to take breaks and modify exercises as needed.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Write or Type your name above**

**Emergency Authorization (required)**

**Medical authorization & physical condition identification:**

I authorize whatever medical care may be necessary in the event of an emergency. I acknowledge that insurance is not provided by the Town of Boxborough, the Council on Aging, its staff or volunteers for this program. I accept the responsibility for payment of any medical expense.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Write or Type your name above**

**Optional Photo Release**

I, \_\_\_\_\_, hereby authorize the Town of Boxborough's Council on Aging to publish photographs taken during programs. I acknowledge that since participation in publications and the town website produced by the Town of Boxborough is voluntary, I will not receive financial compensation. I further agree that participation in any publications and website produced by the Town confers no rights of ownership whatsoever.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return your completed registration form and payment to  
Council on Aging, 29 Middle Road, Boxborough, MA 01719