## LIVE... in Yarmouth, NS!

## Group Aquafitness BoosterLevel Up Your Leadership



Accreditation CECs: 8 CALA, 4 canfitpro, 4 CCAA, 8 OFC, 8 BCRPA, 8 SPRA, YMCA, 8 NSFA, 8 NBFA, CPTN, AFLCA, 8 CFES.

**Description:** Develop your 45-60minute group aquafitness class including a warmup, cardio, muscle conditioning and stretch. Learn how to transition from one movement to another, add a variety of arm and leg moves, increase or decrease intensity by manipulating surface area, speed of motion and playing with buoyancy options. Learn to cue alignment while offering exercise options to meet the diverse needs of your participants. Leave this workshop with a completed class design and be ready to demonstrate or participate in demonstrations of newly developed GAF classes.

WHERE: Mariners Centre, Mariners on Main, Yarmouth, NS

**WHO:** CALA Trainer, Dianne Levy

WHEN: February 22, 2025 from 9am – 6pm (NS Time)

Includes dry land active GAF class planning from 9am – 3:30pm plus GAF practical

assessments from 3:30pm - 6pm

**COST:** CALA Member: \$99 + 15% tax / Non-Member: \$115 + 15% tax

PAYMENT: CALA accepts E-transfer to cala\_aqua@mac.com

Complete & email this form to <a href="mailto:cala\_aqua@mac.com">cala\_aqua@mac.com</a>

**NOTE: Limited space available - Register NOW** 

Please print or type: NOTE: Free for Mariners on Main CALA Team

Name		
Address	Join CALA No	w □ \$59 + tax
City	Tel. h	
Prov	Cell	
Postal	Tel. w	
Email 1	Email 2	
WAIVER AGREEMENT: Please ch	eck <b>√</b> that you agree to the following WAIVER.	
I agree to forever release, dis	charge, fully indemnify and save harmless, the Canadian Aquaf	fitness

Leaders Alliance Inc (CALA), the facilities, and all promoters, sponsors and their representatives and successors, and their assigns from any and all claims, demands and expenses whatsoever on account of damage to or loss of property, physical or mental injury or death. I verify that I have been involved in a physical training program and that I am physically fit and do not suffer from any disability, physical ailment nor am I taking any medication that would cause me harm or limit my participation. I hereby affirm that I have carefully read, fully understand and agree to the above and that I am of legal age to execute this form as a legal document.

You can also use the Adobe Acrobat "Fill and Sign" feature to complete the form

On rare occasions, it is necessary to shift CALA Training dates, times, and topics. Thank you for your kind understanding