



CALA Bilingual Introduction to Group Aquafitness Clinic

Hosted by Centre Aquatique de Dollard-des-Ormeaux, QC

Presented by Patrick Levesque with Annalie Cooperman assisting

The Canadian Aquafitness Leaders Alliance provides **top-notch training and access to up-to-date information for fitness professionals in one on one and group settings**. In this introductory training clinic, participants will learn CALA Base Moves for chest deep water, Participant Safety, Use of Music, Class Design, Instructor Safety and Effective Communication Techniques. The clinic is based on **practical application of theory** using an **integrative approach to learning**. CALA is an international, Canadian based company providing excellence in vertical water training. The CALA holistic approach encourages **the body to move, the mind to discover and the spirit to soar**. Recognized as the **gold standard** CALA provides **solid research based programs in both deep and chest deep water** to meet the **diverse needs of our communities**.

WHERE: Dollard-Des-Ormeaux Aquatic Centre, 12001 De Salaberry Blvd, Dollard-des-Ormeaux, QC H9B 2A7
For directions & facility info contact Annalie Cooperman at 514-865-3918 or annalie.coop@gmail.com

WHEN: Saturday June 2, 2018 – 11:00 am – 4:00 pm (there will only be short breaks to change for the pool)

WHAT: Bring your own food, refreshments, towel, bathing suits, fitness gear, running shoes, pen, paper, an open mind, enthusiasm and be ready for lots of learning and laughter.

Super Special Price of \$99 + 5% tax

Scan/email this form to cala_aqua@mac.com *English speaking people, option to phone 1-888-751-9823 to register

Name: _____ DATE: _____
Address: _____
City: _____ Home Tel. #: _____
Province: _____
Postal: _____ Work Tel. #: _____
Email: _____ Cell Phone #: _____

Earn 5 CALA CECs upon completion of this clinic. Bank these credits and use the CECs to recertify once you have completed CALA certification.

VISA and MasterCard, E-transfer or Direct Deposit are accepted

VISA MasterCard E-transfer Direct Deposit Amount Paid: \$ _____ (See above for correct fee option)
Date _____ Name on Card _____
Card # _____ Exp. Date: (Month / Year) _____
Signature _____

No refund for withdrawal from the Clinic.

Office Use Only: Date Processed: _____ Initials: _____ Invoice # _____ New Member #: _____
Email added: _____ Confirm Letter emailed: _____ Promo emailed: _____ Inv/Receipt emailed: _____