

## Independent Learning (Through a Private Facebook Group)

# Aqua Kick Box Express- Just Add Water!

Dylan Harries, CALA Master Trainer



**Accreditation:** Earn 1 CALA CEC, OFC, AFLCA, BCRPA, SPRA, YWCA, YMCA, NSFA, NBFA, CPTN, CFES.  
AFLCA certified? petition for CECs through AFLCA

**Description:** Bring It On! This kickboxing program uses intense cardio drills based on martial art movements for a full body workout like no other. It is packed full of jabs, upper cuts, kicks and amazing combo sequences. Get your heart pounding while focusing on technique and safety.



### Objectives:

- 1) Practice and review 4 CALA aqua kick box base moves.
- 2) Learn fun aqua kick box combo to add to your classes.

**Opportunity to become certified in the Aqua Kick Box Specialty? Download the registration forms at: [https://www.calainc.org/Scheduled\\_Events/Scheduled\\_Events.htm](https://www.calainc.org/Scheduled_Events/Scheduled_Events.htm)**

**Part 1 – [Upper Body](#)**

**Part 2 – [Lower Body](#)**

**Part 3 – [Choreography](#)**

Fee for Aqua Kick Box Express: CALA Member: \$25 + tax / Non-Member: \$35 (ON tax is 13%)

**PAYMENT:** CALA accepts EFT or e-transfer to [cala\\_aqua@mac.com](mailto:cala_aqua@mac.com) Amount Paid: \$ \_\_\_\_\_

*No refund for withdrawal. Fees can be applied to future CALA events.*

Email completed registration form to [cala\\_aqua@mac.com](mailto:cala_aqua@mac.com)

Name	_____	CALA Member	_____
Address	_____	Country	_____
City	_____	Tel. h	_____
Prov	_____	Cell	_____
Postal	_____	Tel. w	_____
Email 1	_____	Email 2	_____

**WAIVER AGREEMENT:** Please check  that you agree to the following WAIVER.

I agree to forever release, discharge, fully indemnify and save harmless, the Canadian Aquafitness 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.*