

# WATER EXERCISE

## MARCH 2008

AQUASTICS	Monday, Wednesday, Friday	9:30-10:30 am
SPLASHTASTICS	Monday & Wednesday	7:00-8:00 pm
AQUA FIT	Saturday	8:30-9:30 am
ARTHRITIS	Monday, Wednesday, Friday	1:30-2:15 PM
DEEP WATER	Tuesday & Thursday	7:15-8:15 pm
Land Pilates	Tuesday	7:00-7:15 pm

- PARTICIPANTS MAY ATTEND ANY CLASS OFFERING, PLEASE SPECIFY ON THE REGISTRATION WHICH CLASS YOU WILL BE ATTENDING MOST OFTEN.
- REGISTRATION FEES WILL BE COLLECTED AT THE FRONT DESK AT THE BEGINNING OF EVERY MONTH. ALL PARTICIPANTS ARE REQUIRED TO SIGN-IN FOR EACH CLASS ATTENDED.
- CLASS TIMES AND FEES ARE SUBJECT TO CHANGE.
- CLASS DESCRIPTIONS ARE ON THE BACK OF THIS PAGE.
- NON MEMBERS ARE NOT PERMITTED TO USE THE RECREATION FACILITY

**MONTHLY FEE:**

RESIDENT: \$15.00	NON-RESIDENT: \$35.00
RESIDENT SENIOR: \$3.00	NON-RESIDENT SENIOR: \$30.00



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**Water Exercise Registration  
MARCH 2008**

Please check the classes you will be attending!

<input type="checkbox"/> AQUASTICS	Monday, Wednesday, Friday	9:30-10:30 am
<input type="checkbox"/> SPLASHTASTICS	Monday & Wednesday	7:00-8:00 pm
<input type="checkbox"/> AQUA FIT	Saturday	8:30-9:30 am
<input type="checkbox"/> ARTHRITIS	Monday, Wednesday, Friday	1:30-2:15 pm
<input type="checkbox"/> DEEP WATER	Tuesday & Thursday	7:15-8:15 pm
<input type="checkbox"/> Land Pilates	Tuesday	7:00-7:15 pm

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Please Check: Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_ Fee: \_\_\_\_\_

I, the undersigned, do agree to assume all risks and hazards while participating in this program, including transportation to and from the program; agree that neither the City of Brook Park, the Recreation Department nor the staff member connected with the program will in any way be held responsible or liable for any injuries or medical expenses that may occur.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Emp. \_\_\_\_\_