

INDOOR WATER AEROBICS

PUNCH CARD PASS

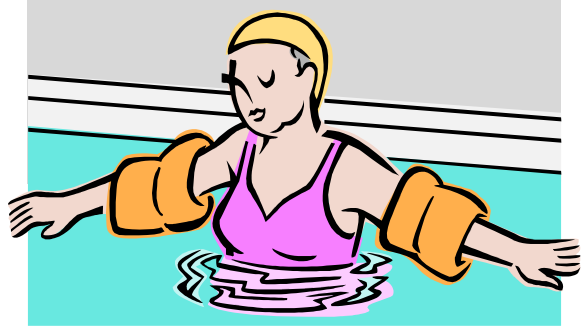
ADMITS YOU TO ANY WATER AEROBICS CLASS

Class Schedule

Easy Does It	M-W	9 – 9:50 am
Deep Water	T-Th	9 – 9:50 am
Deep Water	M-W	6 – 6:50 pm
Arthritis	M-W-F	10-10:50 am
Shallow Water	T-Th	6 – 6:50 pm
Instructor's Choice	F-Sa	9 – 9:50 am

Rates

Member	\$15	\$30	\$45
Resident	\$20	\$40	\$60
Nonresident	\$25	\$50	\$75
Drop-in		\$5	



FIRST NAME: _____ LAST NAME: _____

E-MAIL ADDRESS _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

I understand that this program is being provided by the instructor. I release, waive, discharge and covenant not to sue the City of Berea, its officers, agents from all liability to the applicant and his or her personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or damage, on account of any personal injury to me, whether caused by the negligence of the City of Berea or otherwise while the applicant is participating in the Water Aerobics program. I certify that I have been cleared by my medical provider to take this class. All above information is correct to my knowledge. **THERE ARE NO PROGRAM REFUNDS. A \$15 RETURNED CHECK FEE APPLIES.**

ADULT 18+ SIGNATURE: _____ DATE: _____

FOR REC USE ONLY: DATE: _____ CHECK CASH AMOUNT: _____

EMPLOYEE: _____

PROGRAM: Water Aerobics 10 20 30