

# ADULT AQUA AEROBICS FALL 2019

Monday & Wednesday 10:00 am - 10:45 am



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_ Zip: \_\_\_\_\_ DOB:     /     /

Email: \_\_\_\_\_

Membership Type - Check below:

	Check
<b>Session 1 \$100</b> 10 Classes Sep 11 - Oct 16	<input type="checkbox"/>
<b>Session 2 \$120</b> 12 Classes Oct 28 - Dec11	<input type="checkbox"/>

Best Contact Phone( For schedule changes / inclement weather ): ( \_\_\_\_\_ ) \_\_\_\_\_ --

*WHUD and News Channel 12 will have closure announcements . **We close for Thunderstorms!***

GENERAL RELEASE: The undersigned hereby releases the Boys and Girls Club of Northern Westchester, employees and volunteers should an accident or injury occur to the below mentioned person of any responsibility as a result of an activity sponsored by the Boys and Girls Club of Northern Westchester.

**Signature for Release above:** \_\_\_\_\_ >> **Date :**     /     /

**\* Please See Back of Page for Rights and Responsibilities - Signature Needed. Thank You! \***

**FIRST AID:** In the event of an emergency, I authorize the Staff to provide any First Aid care deemed necessary for my well being. Initial:[ \_\_\_\_\_ ]

**HOSPITAL RELEASE FORM AND PERMISSION:** I give permission, in case of injury, to be transported via Ambulance to NWH (Northern Westchester Hospital) for treatment and needed care.

Initial:[ \_\_\_\_\_ ]

List any Medications and/or Medical Issues: (Optional but encouraged) \_\_\_\_\_

(Continue if needed):

Emergency Contact Name: \_\_\_\_\_ >>> ID will be checked.

Emergency Contact Phone:(\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	CASH ( ) CREDIT CARD( )	Taken by: _____ Date: ____/____/____
PROGRAM FEE: \$ _____	CREDIT CARD NUMBER BELOW:	Upgrade: _____ to _____
RECEIPT # _____	#	Downgrade: _____ to _____
CHECK # _____	EXPIRATION: / /	Total Due:\$ _____
DATE PAID ____/____/____	Memb. Expiration: ____/____/____	Total Refund:\$ _____
TAKEN BY _____		( ie. - A3 to AY or S6 to SY)