

**TROY RECREATION DEPARTMENT'S
2010
ADULT WATER AEROBICS EXERCISE CLASS
FOR ADULTS**

**MONDAY AND WEDNESDAY
10:30-11:15 A.M.**

(MINIMUM OF 6 PARTICIPANTS)

held at Troy Aquatic Park

Name _____

Address _____ Phone _____

City _____ Zip _____

E-Mail Address _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

_____ **SESSION I JUNE 7-JUNE 30**

_____ **SESSION II JULY 5-JULY 28**

_____ **SESSION III AUGUST 2-AUGUST 25**

REGISTRATION FEE: _____ **\$28.00 (Troy Aquatic Park Season Pass Holder)**
_____ **\$38.00 (Non-Pass Holder)**

WAIVER AND RELEASE

I, the undersigned being fully aware of the dangers inherent to the sport of swimming, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Water Walking Exercise program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date _____ Signature _____

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of the area before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.

**TROY RECREATION DEPARTMENT'S
2010
ADULT WATER AEROBICS EXERCISE CLASS
FOR ADULTS**

**TUESDAY AND THURSDAY
8:00-8:45 P.M.**

held at Troy Aquatic Park

Name _____

Address _____ Phone _____

City _____ Zip _____

E-Mail Address _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

_____ **SESSION I** **JUNE 8-JULY 1**

_____ **SESSION II** **JULY 6-JULY 29**

_____ **SESSION III** **AUGUST 3-AUGUST 26**

REGISTRATION FEE: _____ **\$28.00** (Troy Aquatic Park Season Pass Holder)
 _____ **\$38.00** (Non-Pass Holder)

WAIVER AND RELEASE

I, the undersigned being fully aware of the dangers inherent to the sport of swimming, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Water Walking Exercise program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date _____ Signature _____

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of the area before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.