

# WATER AEROBICS



Water workouts are a great way to increase your range of motion and are less stressful on joints and muscles than land exercises. Our water aerobics class, which is suitable for all fitness levels and ages, combines cardio conditioning, muscle toning and stretching. Buoyancy belts and hand weights are incorporated into each workout. Swimming skills are not required. *Interested in trying the class out before you pay, contact Renita at 234-8435. This class may also be suitable for individuals after orthopedic surgeries - Ask your Dr. first!*

**WHERE:** Byron High School Swimming Pool (Door #10)

**INSTRUCTOR:** Sandy Guedel

**TRY THIS CLASS FOR FREE  
ON Wednesday Sept. 7<sup>th</sup>**

## Fall Evening Session I: September 12 – October 26 (7 weeks)

CODE	DAYS	TIME	FULL FEE	HALF FEE*
120310-E1	M & W	7:15– 8:15PM	\$63 Res /\$70 Non	\$35 Res / \$40 Non Res

*\* Allows you to attend seven classes within the session*

**REGISTRATION DEADLINE: Tuesday September 6<sup>th</sup>**

## Fall Evening Session II: October 31 – December 14 (No 11/23) (7 weeks)

CODE	DAYS	TIME	FULL FEE	HALF FEE*
120310-E2	M & W	7:15 – 8:15 PM	\$63 Res /\$70 Non	\$35 Res / \$40 Non Res

*\* Allows you to attend seven classes within the session*

**REGISTRATION DEADLINE: Tuesday October 25<sup>th</sup>**

**Late Registration Fees will be charged on all registrations received after the deadline. \$10 Full Session & \$5 Half Session**

### Fall 2016 Registration Form

### Water Aerobics

Name: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Spouse: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Choose One: 120310-E1 \_\_\_\_\_ 120310-E2 \_\_\_\_\_ Choose One: Full Session Fee: \$63/\$70 or Half Session Fee: \$35/\$40

Payment: Cash Check \_\_\_\_\_ Credit Card: \_\_ AM EXP \_\_ Discover \_\_ MC \_\_ Visa Exp. \_\_\_\_\_

Card #: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

**Office Use Only:**

Amt. Pd.: \$ \_\_\_\_\_

Rec.'d By: \_\_\_\_\_

### WAIVER & RELEASE OF ALL CLAIMS

In consideration of me (or my minor child/ward) being allowed to enroll in this program, I hereby personally assume all risks in connection with this program and release the instructors, supervisors, owners, Byron Park District, and the Byron CUSD #226 for any injury, damage or loss and from any claim by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation. I understand that on occasion, the Park District staff may take photos of participants enrolled in activities/programs and am aware that these photos are for Park District use only and may be used in future marketing tools (ie. brochures, fliers, website). I have read, fully understand and accept the details, waiver and release of all claims above.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

