

\$30.00
per session

2008 OBERON POOL WATER AEROBICS REGISTRATION

NAME: _____

ADDRESS: _____

PHONE: _____ (H) _____ (W) _____ (ext.)

EXTREMELY IMPORTANT – PLEASE BE SURE TO COMPLETE

EMERGENCY CONTACT: _____ RELATIONSHIP TO YOU: _____

PHONE: _____ (H) _____ (W)

PHYSICAL LIMITATIONS / MEDICAL CONDITIONS: _____

MEDICATIONS YOU ARE CURRENTLY TAKING: _____

MAKE CHECKS PAYABLE TO: RADISSON COMMUNITY ASSOCIATION (RCA)

SESSION 1: June 23rd – July 18th

AM Class:
Mon – Fri
8:30am – 9:15am

PM Class:
Tues – Thurs
8:00pm – 8:45pm

(To help prepare for class sizes)

- I would typically attend AM Classes
 I would typically attend PM Classes

SESSION 2: July 21st – August 15th

AM Class:
Mon – Fri
8:30am – 9:15am

PM Class:
Tues – Thurs
8:00pm – 8:45pm

(To help prepare for class sizes)

- I would typically attend AM Classes
 I would typically attend PM Classes

Waiver Agreement: I hereby give my consent to participate in the Water Aerobics program offered at Radisson's Oberon Pool. I further release and agree to hold harmless the Radisson Community Association, Inc. ("RCA"), its employees, agents, representatives and any volunteers from any and all injury, claims, and liabilities whatsoever that might be incurred as a result of participation in said program. I further grant the RCA, its employees, agents, representatives and any volunteers or emergency medical personnel permission to provide me with emergency or medical treatment should that become necessary. I have read this document carefully, understand its terms, and voluntarily sign it understanding its significance.

SIGNATURE: _____ DATE: _____

Returned check fee: \$30

REFUNDS: No refunds will be issued after the second day of the session unless authorized by the RCA's Executive Director

RCA USE ONLY

DATE REC'D _____

CHECK # _____

CASH RCPT # _____

RCA REP _____