

Arbuckle Parks and Recreation District
Water Fitness Pass Registration Form

Name _____ Age _____ Date of Birth _____

Home Phone _____ Work/Cell Phone _____

Address _____

Email Address _____

Emergency Information

Authorized person to be called in case of an emergency

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Prices

16 Class Fitness Pass-	\$75 (\$80 value)
8 Class Fitness Pass-	\$40
4 Class Fitness Pass-	\$20

All summer fitness passes are good from May 31, 2010 to August 31, 2010.
Card good for Water Fitness Classes only. Lost cards will not be refunded.

Fee: _____ Method of Payment _____ Receipt # _____

(Please make checks out to APRD)

There are no refunds for programs after the first day. Refunds that are given will have a \$5.00 or 15% sir charge, which ever is less.
There are no make-ups unless something unexpected occurs with the facility or the instructor.

Medical Information

Health Insurance Company _____

Family Physician _____ Address _____ Phone _____

Information required by State Law

I hereby certify that I am in normal health and am capable of participating safely. I understand that Participants agree to release all liability and hold the Arbuckle Parks and Recreation District harmless. . I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that I participate at my own risk.

Signature _____