Registration Form - Water Aerobics 2012

Name:_____

Parent/Legal Guardian (if under 18):_____

Address:_____
Street Address

_____
City State Zip Code

Home Phone #(_____)_____ Cell Number(_____)_____

Email address:_____

D/O/B:_____ Age:_____

Medical conditions/medications that the staff and Taylorville Park District should be aware of:

_____

_____

Emergency Contact:_____

Relation of Emergency contact:_____

Emergency Phone #: (_____)_____

Please Select a Session:

Session 1(June 4- July 6) - $30

____ MWF 11:00-11:45a.m.

____ MWF 12:00- 12:45p.m.

Evening Water Aerobics - $35
July 9 - August 17

____ MWF 6:00 - 6:45p.m.

Session 2 (July 9 - August 10) - $30

____ MWF 11:00 - 11:45a.m.

____ MWF 12:00 - 12:45p.m.