



BCRD

BLAINE COUNTY
RECREATION DISTRICT

OFFICE USE ONLY

TOTAL: \$ _____

PAID \$ _____

DATE: _____

⊖CHRG ⊖CHECK ⊖CASH

INITIALS _____

AQUAROBICS 2009

Excellent exercise for all abilities (male, female, physically fit, prenatal, postnatal, post-operative and sedentary individuals.) You are encouraged to go at your own pace.

Schedules may change due to **special events!** Please pick up a pool calendar at the aquatic center!

FEES

- \$5.00 per class – seniors (65+)
- \$7.00 per class
- \$50.00 senior (65+) 10 punch card – 11th class free
- \$70.00 10 punch card – 11th class free
- \$90.00 senior (65+) season aquarobics pass
- \$115.00 season aquarobics pass



***Please note! Season Pass for Aquarobics is good ONLY for Aquarobics.**

Name _____

Mailing Address _____

Phone (Day) _____

City, State, Zip Code _____

Emergency Contact _____

Phone _____

Medical Information: Please list any special medical problems you may have:

Consent & Responsibility:

I hereby certify that I am physically fit, have medical insurance and have been given consent to participate in aquatic activities. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, coaches or agents cannot be held responsible and I do hereby waive, relinquish, and release all rights to damages that may be sustained. This waiver also gives BCRD permission to take and use photographs of my child participating in the program for publicity purposes. Staff members have my permission to seek emergency treatment, if needed.

Signature: _____ Date: _____