

Glidden Aquatic Center Water Aerobics

Name _____ Member _____ Non-member _____

Address _____ 10 weeks _____ 5 weeks _____

Home Phone _____ Cell phone _____

E-mail _____

***** WAIVER FOR PARTICIPANT*****

I agree to assume full responsibility for any risk implicit or direct by participating in any activity or facility. The City of Glidden does not provide individual, team, or group accident insurance for participants in parks and recreation activities. The individual mentioned above has my permission to participate. I also give permission for any photos of participants taken during the program to be used for future Department promotional materials.

Signature _____ Date _____

Monday/Wednesday 7:00 pm ; 45 minute class Instructor: Michelle Snyder

10 week session June 5th – August 9th Free to Members / \$20 non-member



Return to the City Office. *No refunds.* The instructor will text for weather cancellations.

OFFICE USE: Received _____ Check _____ Cash _____ Amount \$ _____ Member # _____