



START YOUR DAY THE FUN WAY
WITH THE
THIBODAUX MUNICIPAL POOL WATER AEROBICS!

HEALTH BENEFITS INCLUDE:

LOW IMPACT ON JOINTS
INCREASE CIRCULATION
BURN BODY FAT
IMPROVE FLEXIBILITY & MUSCLE STRENGTH
REDUCE STRESS
AND MUCH MORE!!

REGISTRATION NOW OPEN!

Registration Fee—**ONLY \$50 (For a Total of 24 Classes)!**

Classes / Times: June 5th—July 28th, 2017
Mon/Wed/Fri—7:30am-8:30am

Location: Thibodaux Municipal Pool

Instructor: Stephanie Delaune

***Register at the Peltier Park Rec Building - Mon-Fri 8:00AM-Noon and from 1:00PM– 4:00PM

***Mail-in registration form and check made out to “City of Thibodaux” -

P.O. Box 5418, Thibodaux LA 70302

***Online Registration available at www.ci.thibodaux.la.us

***For more information contact the Recreation Department at 446-7235



Supervised by:

**American Red Cross
Certified Lifeguards**



REGISTRATION FORM

WATER AEROBICS

REGISTRATION FEE \$50 | ALL REGISTRATION FEES ARE NON-REFUNDABLE, UNLESS PROGRAM IS CANCELLED.

PARTICIPANT INFORMATION: FIRST TIME PARTICIPANT (check box if "YES".) ADDRESS CHANGE (check box if "YES".)

LAST NAME:	FIRST:	MIDDLE INITIAL:
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ADDRESS:	CITY:	ZIP:
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DATE OF BIRTH: / /	HOME PHONE:
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E-MAIL ADDRESS:	CELL PHONE:
	OTHER PHONE:

I agree to receive text messages from the City of Thibodaux.

PLEASE LIST ANY MEDICAL CONCERNS:

<p align="center">PERSONAL EMERGENCY CONTACT INFORMATION</p> <p align="center">1ST PERSON TO NOTIFY IN CASE OF EMERGENCY</p> <table border="1"> <tr><td>NAME:</td><td></td></tr> <tr><td>CELL: (if applicable) ()</td><td></td></tr> <tr><td>HOME: (if applicable) ()</td><td></td></tr> </table> <p align="center">2ND PERSON TO NOTIFY IN CASE OF EMERGENCY (if applicable)</p> <table border="1"> <tr><td>NAME:</td><td></td></tr> <tr><td>CELL: (if applicable) ()</td><td></td></tr> <tr><td>HOME: (if applicable) ()</td><td></td></tr> </table> <p>COMMENTS: _____</p>	NAME:		CELL: (if applicable) ()		HOME: (if applicable) ()		NAME:		CELL: (if applicable) ()		HOME: (if applicable) ()		<p align="center">DOCTOR EMERGENCY CONTACT INFORMATION</p> <table border="1"> <tr><td>DOCTOR:</td><td></td></tr> <tr><td>PHONE:</td><td></td></tr> </table> <p align="center">Signature of Participant</p> <hr/> <p align="center">Printed Name of Participant</p>	DOCTOR:		PHONE:	
NAME:																	
CELL: (if applicable) ()																	
HOME: (if applicable) ()																	
NAME:																	
CELL: (if applicable) ()																	
HOME: (if applicable) ()																	
DOCTOR:																	
PHONE:																	

PAYMENT DETAILS:		TREC OFFICE USE ONLY: (Please do not write below this line).	
PLEASE MAKE CHECK PAYABLE TO:	MAIL-INS MUST BE POSTMARKED	AMOUNT PAID: \$ _____	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>
CITY OF THIBODAUX	NO LATER THAN:	No. _____	Type: _____
MAIL PAYMENT TO:	Friday	Receipt No.	
Recreation Department	June 02, 2017	Mail Rec'd Date:	
P.O. Box 5418			
Thibodaux, Louisiana 70302			

"READ BEFORE SIGNING"

State of Louisiana
Parish of Lafourche

Date: _____, 2017

ACKNOWLEDGMENT

1. I, the undersigned, do hereby understand and acknowledge the following:
 - A. That Water Aerobics exercise and/or Lap Swimming activity requires a certain degree of physical exertion, exercise and endurance, which can be strenuous and tiring;
 - B. That as a result of the physical demands of Water Aerobics exercise and/or Lap Swimming activity, there is always the possibility of the occurrence of an accident and physical injury or the onset of injury which is gradual and which may not be immediately apparent.
2. Notwithstanding the above and in consideration of my being permitted to participate in Water Aerobics exercise and/or Lap Swimming classes at the Thibodaux Municipal Pool, I,

Name: _____

Address: _____

Telephone No.: _____

hereby agree to assume the risk of such accident and injury, regardless of fault, as a result of engaging in said Water Aerobics exercise and/or Lap Swimming activity and to hold harmless, defend and indemnify the instructor, and/or any and all other part time or substitute instructors acting for and on behalf of the City of Thibodaux and the Thibodaux Recreation Department and their principals, agents, employees, representatives and assistants, of and from any claims that may be made or asserted by me or anyone on my behalf as a result of my engaging in the Water Aerobics exercise and/or Lap Swimming classes at the Thibodaux Municipal Pool,

through the Thibodaux Recreation Department, whether or not such claims are made by way of indemnity, contribution, subrogation or otherwise.

3. I further declare that I know of no physical or medical condition which would prevent my participation in Water Aerobics exercise and/or Lap Swimming classes or which would cause me to sustain injury or illness as a result of such participation.

4. My family doctor is: — — — — —

— — — In case of any emergency contact:

Name: -----

Address: _____

Telephone No.: -----

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Read and signed this _____ day of _____, 2017, by

READ BEFORE SIGNING