

WATER AEROBICS

FALL 2017

Registration: July 5th—July 31, 2017

Classes / Time: Aug 1—Sept 21, 2017

Tues/Thurs:— 5:30pm-7:00pm

Fee: \$50.00

Location: Thibodaux Municipal Pool

****Register in person at Peltier Park Recreation Department from Monday—Friday 8:00am—Noon and from 1:00pm-4:00pm.*

****Mail-ins must include completed 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

FALL 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:
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OTHER PHONE:

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

PLEASE LIST ANY MEDICAL CONCERNS:

PERSONAL EMERGENCY CONTACT INFORMATION	
1ST PERSON TO NOTIFY IN CASE OF EMERGENCY	
NAME:	
CELL: (if applicable)	()
HOME: (if applicable)	()
2ND PERSON TO NOTIFY IN CASE OF EMERGENCY (if applicable)	
NAME:	
CELL: (if applicable)	()
HOME: (if applicable)	()
COMMENTS:	

DOCTOR EMERGENCY CONTACT INFORMATION	
DOCTOR:	
PHONE:	
Signature of Participant	
Printed Name of Participant	

PAYMENT DETAILS:	
PLEASE MAKE CHECK PAYABLE TO: CITY OF THIBODAUX	MAIL-INS MUST BE POSTMARKED NO LATER THAN: Friday July 28, 2017
MAIL PAYMENT TO: Recreation Department P.O. Box 5418 Thibodaux, Louisiana 70302	

TREC OFFICE USE ONLY: (Please do not write below this line).			
AMOUNT PAID:	CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD
\$ _____	<input type="checkbox"/>	No. _____	Type: _____
Receipt No.			Mail Rec'd Date:

"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