

WATER AEROBICS



HEALTH BENEFITS INCLUDE:

LOW IMPACT ON JOINTS

INCREASE CIRCULATION

BURN BODY FAT

IMPROVE FLEXIBILITY & MUSCLE STRENGTH

REDUCES STRESS & MORE!

Offered To: All adults welcome

Registration: May 6—May 31, 2024

FEE: \$40 registration fee or \$5 per class

Class Dates: June 3—July 26, 2024

Monday, Wednesday, Friday (7:30am-8:30am)

Location: Thibodaux Municipal Pool @ 737 Goode Street

For more information contact the Recreation Department at (985) 446-7235



Community First & Forward





REGISTRATION FORM

WATER AEROBICS

REGISTRATION FEE \$40 | 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: |
| ADDRESS: | CITY: | ZIP: |
| DATE OF BIRTH: / / | HOME PHONE: | |
| E-MAIL ADDRESS: | CELL PHONE: | |
| | OTHER PHONE: | |
| <input type="checkbox"/> 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) | () |

SHIRT SIZE: AS ___ AM ___ AL ___ AXL ___ A2XL ___ A3XL ___ OTHER: _____

DOCTOR EMERGENCY CONTACT INFORMATION

| | |
|---------|--|
| DOCTOR: | |
| PHONE: | |

Signature of Participant _____

Printed Name of Participant _____

PAYMENT DETAILS:

PLEASE MAKE CHECK PAYABLE TO:
CITY OF THIBODAUX
 MAIL PAYMENT TO:
 Recreation Department
 P.O. Box 5418
 Thibodaux, Louisiana 70302

Registration Deadline:
May 6-May 31, 2024

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"/> |
| INCODE ▶ | No. _____ | Type: _____ | Mail Rec'd ▶ |
| ACTIVENET ▶ | | Date: _____ | |

"READ BEFORE SIGNING"

State of Louisiana
Parish of Lafourche

Date: 2024

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, [REDACTED] 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 Parks and 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 Parks and 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: _____

Read and signed this _____ day of _____, 2024

SIGNATURE: _____

READ BEFORE SIGNING