

# WATER AEROBICS



## HEALTH BENEFITS INCLUDE:

LOW IMPACT ON JOINTS

INCREASE CIRCULATION

BURN BODY FAT

IMPROVE FLEXIBILITY & MUSCLE STRENGTH

REDUCES STRESS & MORE!

**Registration Begins: June 26, 2023**

**Registration Fee: \$30 for All Classes**

**Walk - Ins Welcome @ \$5 per class - Must Sign Waiver**

**Class Dates: June 30th**

July 5th, 7th, 12th, 14th, 24th, 26th, 28th, & 31st

**Class Times: 7:30 AM - 8:20 AM**

**Location: Thibodaux Municipal Pool @ 737 Goode Street**

**Instructor: Stephanie Delaune**

*Register in person at the Peltier Park Recreation Building - Monday - Friday 8:00AM - 4:00PM*

*Mail-in registration form and check made payable to "City of Thibodaux"*

*P.O. Box 5418, Thibodaux LA 70302*

*\*Online Registration Is **Not** Available at this time\**

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



***Supervised by American Red Cross Certified Lifeguards***



# WATER AEROBICS

REGISTRATION FEE \$30 | 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:	

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

PLEASE LIST ANY MEDICAL CONCERNS:

<p><b>PERSONAL EMERGENCY CONTACT INFORMATION</b></p> <p><b>1ST PERSON TO NOTIFY IN CASE OF EMERGENCY</b></p> <p>NAME: _____</p> <p>CELL: ( ) _____ (if applicable)</p> <p>HOME: ( ) _____ (if applicable)</p> <p><b>2ND PERSON TO NOTIFY IN CASE OF EMERGENCY (if applicable)</b></p> <p>NAME: _____</p> <p>CELL: ( ) _____ (if applicable)</p> <p>HOME: ( ) _____ (if applicable)</p>	<p><b>DOCTOR EMERGENCY CONTACT INFORMATION</b></p> <p>DOCTOR: _____</p> <p>PHONE: _____</p> <p>Signature of Participant</p> <p>Printed Name of Participant</p>
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SHIRT SIZE: AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ A2XL \_\_\_ A3XL \_\_\_ OTHER: \_\_\_\_\_

<p><b>PAYMENT DETAILS:</b></p> <p>PLEASE MAKE CHECK PAYABLE TO: CITY OF THIBODAUX MAIL PAYMENT TO: Recreation Department P.O. Box 5418 Thibodaux, Louisiana 70302</p>	<p><b>TREC OFFICE USE ONLY: (Please do not write below this line).</b></p> <p>AMOUNT PAID: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/></p> <p>\$ _____ No. _____ Type: _____</p> <p>INCODE <input type="checkbox"/> Mail Rec'd <input type="checkbox"/></p> <p>ACTIVENET <input type="checkbox"/> Date: _____</p>
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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 \_\_\_\_\_, 2023

SIGNATURE: \_\_\_\_\_

**READ BEFORE SIGNING**

**"READ BEFORE SIGNING"**

State of Louisiana  
Parish of Lafourche

Date: 2023

**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,