

Adult Aqua Exercise Class

Come take part in a variety of in-water exercises designed for all fitness abilities. We provide varying levels for a great workout with this cardio and strength combo class. Must be at least 16 years old to participate. Must pre-register.



LOCATION
Bloomington Family Aquatic Center
201 East 90th Street
Bloomington, MN 55431



Sunday Evenings: 6pm—6:50pm	Registration Deadline:
Session 1: June 9 - July 14	Session 1: June 6
Session 2: July 21 - August 18	Session 2: July 18
Fee: \$25 per session	

*All information on this form must be completed and have signature consent of the Terms and Conditions before registration can be processed
Full payment must accompany registration*

WHAT TO BRING

- ◆ Swimsuit
- ◆ Towel
- ◆ Water
- ◆ Aqua Shoes (not required)

The Bloomington Family Aquatic Center has changing areas with showers that will be available before and after class.

Participant Name: _____

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Cell:** _____

Email Address: _____

Emergency Contact (Name/Phone): _____

Session 1: **Session 2:**

Preferred method of communication?

Phone: **Email:**

*Return completed registration to Bloomington Parks and Recreation office
Please sign the waiver on the reverse side of this form*

PAYMENT MAY BE MADE BY CREDIT CARD, CASH, OR CHECK AT PARKS AND RECREATION

Cardholder's Name _____	Auth Amt. \$25 or \$50 _____
Cardholder Signature _____	

Credit Card _____	Exp. Date: _____ Security Code: _____

Acknowledge, Sign, and Date

_____ INITIAL HERE Waiver: I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant(s) which are directly or indirectly attributable to the negligence, whether passive or active, of the City, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge the City of Bloomington, their agents or employees from any such claims, injuries or damage. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity of program.

_____ INITIAL HERE Data Privacy: The data supplied on this form will be used to enroll you in a recreation and or social program. Some requested data is private. It is available to you and to the City of Bloomington staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City of Bloomington staff may not be able to complete your registration and/or you may not receive updated information.

Release Agreement: The City of Bloomington staff take pictures, slides, and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation expressing my wishes.

Participant or Parent/
Guardian Signature _____

Date _____