

# Adult Aqua Exercise Class

Come take part in a variety of in-water exercises designed for all fitness abilities. We guarantee a great workout with this cardio and strength combo class. Each class is 50 minutes long. Must pre-register.



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



**Session 1:** June 9-July 7 at 5:30 p.m.  
**Session 2:** July 14-Aug. 11 at 5:30 p.m.

**Registration Deadline:**  
 Session 1—June 6, 2016  
 Session 2—July 11, 2016

**Fee:** \$25 pre-registration

*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
- ◆ Bottle of Water  
(no sports drinks please)
- ◆ 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:** \_\_\_\_\_

**Session 1 (6/9-7/7)**  **Session 2 (7/14-8/11)**  **Both Sessions**

**Preferred method of communication:**

**Phone**  **Email**

*Return completed registration to Bloomington Parks and Recreation office*

**PAYMENT MAY BE MADE BY CREDIT CARD, CASH, OR CHECK AT PARKS AND RECREATION OR ONLINE AT <https://webtrac.BloomingtonMN.gov> USING CODE 121-PE and 121-PF**

Cardholder's Name _____	Auth Amt. \$ _____
Cardholder Signature _____	
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Credit Card	Exp. Date: _____
_____ - _____ - _____	

## 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 \_\_\_\_\_