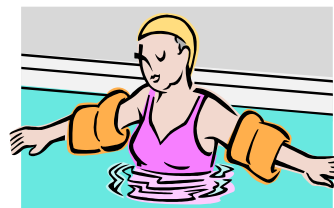


WATER AEROBICS

Instructor: Sandy Apperson
CLASS REGISTRATION FORM
 Saturdays 4:00 – 5:00 p.m.



NAME: _____

ADDRESS: _____

Please provide good contact phone number and email in case class needs to be rescheduled, due to weather, pool closure or other.

PHONE NUMBER (DAY): _____ (EVENING): _____

E-mail _____

The undersigned agrees to indemnify, defend, save and hold harmless the Bayshore Owners Association from any claim, lawsuit or liability, including attorney's fees and costs, allegedly arising out of loss, damage or injury to myself in connection with attending an Association activity. I understand the pool area has no handicap access.

The undersigned assumes all responsibility for all and any risk of damage or injury that may occur while attending classes and agrees not to hold Bayshore Association responsible for any injuries incurred as a result of participation in a class. Refunds will not be made once classes begin.

Date: _____ *Signature* _____

- Bayshore members \$15 per month (preferred placement)
- Public \$21 per month (placement to be reviewed)

✓	MONTH Check at left for sign-up	DATE (office)	METHOD OF PAYMENT (office)
	April 8, 15, 22		
	May 6, 20, 27		

*Please pay at time of registration by check, cash or credit card. **NO Refunds after session begins.** Make up session planned if class cancelled. If a whole month is cancelled, refund will be made.*

Office:
 Date rec'd _____ Time _____ By _____