

**TROY RECREATION DEPARTMENT'S  
2008  
ADULT WATER AEROBICS EXERCISE CLASS  
FOR ADULTS**

**MONDAY AND WEDNESDAY  
10:30-11:15 A.M.**

**held at Troy Aquatic Park**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

\_\_\_\_\_ **SESSION I**      **JUNE 2-25**

\_\_\_\_\_ **SESSION II**      **JULY 7-30**

**REGISTRATION FEE:**    \_\_\_\_\_ **\$28.00** (Troy Aquatic Park Season Pass Holder)  
   \_\_\_\_\_ **\$38.00** (Non-Pass Holder)

**WAIVER AND RELEASE**

I, the undersigned being fully aware of the dangers inherent to the sport of swimming, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center and its Director and board, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Water Walking Exercise program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**REFUND POLICY:**      The department will make program refunds only for the following:

1.      If the program is cancelled by the department.
2.      If the registered participant moves out of town before the program starts.
3.      If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.

RECEIPT# \_\_\_\_\_

**TROY RECREATION DEPARTMENT'S  
2008  
ADULT WATER AEROBICS EXERCISE CLASS  
FOR ADULTS**

**MONDAY AND WEDNESDAY  
8:15-9:00 P.M.**

**held at Troy Aquatic Park**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
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