



**BCRD**

BLAINE COUNTY  
RECREATION DISTRICT

**OFFICE USE ONLY**

TOTAL: \$ \_\_\_\_\_

PAID \$ \_\_\_\_\_

DATE: \_\_\_\_\_

CHRG CHECK CASH

INITIALS \_\_\_\_\_

**AQUAROBICS 2015**

Forget any stereotypes you may have! This class is as fun and challenging as you make it!  
Great for all ages and expectant Moms, too.

Schedules may change due to ***special events!*** Please pick up a pool calendar at the aquatic center!

**FEES**

- \$5.00 per class – seniors (62+)
- \$7.00 per class
- \$50.00 senior (62+) 10 punch card – 11<sup>th</sup> class free
- \$70.00 10 punch card – 11<sup>th</sup> class free
- \$90.00 senior (62+) season aquarobics pass
- \$115.00 season aquarobics pass  
(all fees are for instructional purposes only)

**\*Please note! Season Pass for Aquarobics is good ONLY for Aquarobics.**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

**Medical Information:** Please list any special medical problems you may have:

\_\_\_\_\_

**Consent & Responsibility:**

I hereby certify that I am physically fit, have medical insurance and have been given consent to participate in aquatic activities. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, coaches or agents cannot be held responsible and I do hereby waiver, relinquish, and release all rights to damages that may be sustained. This waiver also gives BCRD permission to take and use photographs of my child participating in the program for publicity purposes. Staff members have my permission to seek emergency treatment, it needed.

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