CHALLENGE CENTER AQUATICS FITNESS CLASS

JUMP INTO AQUATICS!!!!!!!

WHERE: Ray and Joan Kroc Corps Community Center
6845 University Ave, San Diego CA 92115

WHEN: Wed 10am – 12pm Fri 11am – 1pm

FEES: $5 per Class.

Aquatics Enrollment

Participant

Name: ___________________________ First ___________________________ MI ______
Address: ____________________________________________________________
City ___________________________________________ Zip __________
Day Phone ___________________________ Alternate Phone ______________________

E-Mail Address: _________________________________________________________

Participant Emergency Contact

Name/Relationship: ___________________________ Phone: ______________________

Person(s) Assisting You in the Pool:

Attendants Last Name: ___________________________ First ___________________________ MI ______
Attendant’s Emergency Contact

Name/Relationship: ___________________________ Phone: ______________________

Enclosed Fee

[ ] Credit Card No: ___________________________ exp. date ___________ VISA MC AE
[ ] Check: Make checks payable to Challenge Center

- I/We understand that the 1st payment for the class is to be paid in full prior to the start of the class and thereafter due at the beginning of the month.
- I/We understand that make-ups or discounts for classes missed during the month are not offered unless prior arrangements are submitted in writing.
- I/We understand that this is a “group” exercise class and if I need physical assistance to carry out the exercises or to maintain balance, I will need to bring a personal attendant who is capable of providing such assistance in the pool. Assistance will be provided to enter/exit the pool if needed.
- I/We understand that non-compliance with any program policies or procedures may result in refusal of services by Challenge Center or aquatics instructor.
- I/We understand that medical approval to participate may be required at any time and is left to the discretion of the screening therapist. Medical approvals are to be renewed after an extended absence or after an absence for medical reasons, and it is the participant’s responsibility to keep medical approvals up to date.

Please check one

[ ] 1xweek  __W  __F  [ ] 2xweek

“I have read and understood the above policies. Any questions I had were answered to my full satisfaction.”

Signature ___________________________ Date ____________

Return or Mail Registration Form and Payment to:

Challenge Center
5540 Lake Park Way
La Mesa, CA 91942
619-667-8644 Fax 619-667-8644
www.challengecenter.org