

Taylorville Community Pleasure Driveway and Park District  
P.O. Box 263, Taylorville, Illinois 62568, (217) 824-5878

**Registration Form - Water Aerobics 2017**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #(\_\_\_\_\_) \_\_\_\_\_ Cell Number(\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

D/O/B: \_\_\_\_\_ Age: \_\_\_\_\_

Medical conditions/medications that the staff and Taylorville Park District should be aware of: \_\_\_\_\_

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

Emergency Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Session 1(June 5- July 7) - \$30**  
-5weeks-  
\_\_\_ M/W/F 11:00-11:45a.m.  
\_\_\_ M/W/F 12:00- 12:45p.m.

**Evening Water Aerobics - \$35**  
June 26- August 4  
\_\_\_ M/W/F 6:00 - 6:45p.m.  
-6 weeks-

**Session 2 (July 10 - August 11) - \$30 -5 weeks-**  
\_\_\_ M/W/F 11:00 - 11:45a.m.  
\_\_\_ M/W/F 12:00 - 12:45p.m.

As parent or legal guardian of the above participant of the Taylorville Park District Program, I do recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries, damage or loss which the above participant may sustain as a result of their participation, in any manner, in any and all activities associated with this program.

As a legal guardian of the above participant or as a participant, I attest and verify that the above named participant is physically fit and is sufficiently able to participate in the above named program.

As a legal guardian of the above participant or as a participant, I further agree to waive, release, and relinquish any and all claims of the participation in a Taylorville Park District program against the Taylorville Park District, its employees, agents, trustees or sponsors as a result of any injuries the above participant may incur while participating in a Taylorville Park District Program.

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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