

# WATER AEROBICS REGISTRATION

**Water Aerobics:** Cardio Vascular and fitness conditioning developed through shallow and deep water running. Upper body and abdominal toning using buoys, noodles and dumbbells.

**25 Visit Pass - Good until all visits are used:** Resident: \$80.00 Non-Resident: \$88.00 Senior Citizen or CISD/City Employee: \$72.00  
**12 Visit Pass – Good until all visits are used:** Resident: \$45.00 Non-Resident: \$49.50 Senior Citizen or CISD/City Employee: \$40.50

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contacts:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Other Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are there any medical conditions that the staff should be aware of?  
Yes No If yes, please explain (attach sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Medical Authorization

In case of medical emergency, where emergency contacts cannot be reached, I authorize the staff of Carroll I.S.D. Aquatics Center, its agents or employees to procure and consent to any emergency medical treatment deemed necessary by a licensed medical doctor or dentist for the above named participant.

\_\_\_\_\_  
Participant or Parent/Guardian (if minor) Date

**REGISTER AT THE AQUATIC CENTER-  
1501 W. SOUTHLAKE BLVD.  
SOUTHLAKE, TX 76092**

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