

Freeport Parks and Recreation

WATER AEROBICS/WATER THERAPY

2017 Swim Registration Form

Instructor Karen Mueller – certified swim instructor and water fitness

First/Last Name: _____ Cell: _____

Address: _____ City: _____

State: _____ Zip _____ Email: _____

_____ **Water Aerobics: 7:30 – 8:25 TUESDAYS** Includes calisthenics-style movements with variations of upper and lower body resistive moves. You will march, jog, kick, and jump through the water to create resistance to improve cardiovascular fitness, muscular endurance, toning, and flexibility.

_____ **Arthritis/Stretch Water Aerobics: 7:30 – 8:25 FRIDAYS** The exercises are designed to help participants improve joint flexibility and reduce their stiffness. In addition, these exercises will increase agility, range of motion, and cardiovascular conditioning. This class will help develop strength and improve coordination.

Session Dates (Tuesday or Thursday) **PRE REGISTRATION REQUIRED**

START DATES

- 1 June 20, 27, July 11, 18 - Tuesday
- 2 June 23, 30 July 7 & 14 - Friday
- 3 July 25, Aug 1, 8 & 15 - Tuesday
- 4 July 21, 28 Aug 4 & 11 - Friday

There is a minimum of 4 in each ages group. Full Payment is due at registration.

Water Aerobics	20.00/month	minimum of 4
	15.00/ with season pass	
Water Therapy	20.00/month	minimum of 4
	16.00/ with season pass	

COMBINED CLASSES – 30.00/month or 25 with season pass minimum of 4

Signature: _____ Date: _____

1. Present this and payment at Freeport City Hall or The Freeport Swimming Pool with payment *OR*
2. **Be sure to bring your receipt to present to the instructor for proof of registration**

Office Use Only

Payment Date _____ Amount \$ _____ O Cash O Check # _____

Swimmer assigned to class during session beginning _____ at this time _____

Registration info sent in confirmation e-mail on this date _____