



THE LEAGUE

Aerobics Application

FOR OFFICE USE ONLY

Aero 1	Non 2	Regular 3	Premier 4
Cash _____		Check # _____	
		VISA _____ MC _____	

Pro-Rated Amount: \$ _____

First Payment: \$ _____

Total Payment: \$ _____

Starting Date: _____

Expires On: _____

Staff Initials: _____

Last Name	First Name	Middle Initial	Date of Birth
Street Address			Home Phone
City	State	Zip Code	Cell Phone
Email Address			Work Phone Ext.
In Case of Emergency, Contact		Relationship to Me (father, child, etc.)	Contact Phone (H/C/W)

Circle the Desired Classes — Refer to the Pricing Guide on reverse if needed.

One Block = One Class

If you see a class listed twice, and you wish to take it both times it's offered, it is considered to be two classes.

***Indicates a Specialty Class (subject to price & scheduling adjustments to other Aerobics class offerings. ***

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					7:00-8:00 AM AM Jam Gail Williams-Glasser
11:30 - 12:30 PM The "T" Experience Tamarra Fleming	**6:00—7:00 PM** Beginner Line Dance Randy Dennis	11:30 - 12:30 PM The "T" Experience Tamarra Fleming			9:30AM-11:00 AM Abs, Tone & Stretch Donnacize
	7:00-8:00 PM Intermediate Line Dance Randy Dennis			5:30PM-6:45 PM Aerobox & Pilates Donnacize	
7:00-8:00 PM Aqua Happy Hour Gail Williams-Glasser	7:00-8:00 PM Water Aerobics Karen Wilson	7:00-8:00 PM Aqua Zumba Tamarra Fleming	7:00-8:00 PM Water Aerobics Karen Wilson		



Aqua Aerobic Classes

Run for 8 weeks with a 1-week make-up class

Specialty Classes

Randy Dennis Line Dance
Runs 6-week continuous sessions

Regular Classes	Premier Member	Regular Member	Non-Member	Specialty Classes	Regular Member	Non-Member	Drop-In
1 Class	Included	\$45	\$55	1 Class	\$30	\$40	\$7 Per Class
2 Classes	Included	\$65	\$75				
3 Classes	Included	\$85	\$95				
4 Classes	\$35.00	\$105	\$115	2 Classes	\$50	\$60	

The following demographical information is being requested to gather statistical data for reporting to the United Way of Central Maryland. Your information will be held in strictest confidence and will only be used to determine how The League can better serve you and maintain funding by the United Way.

<p>Residency: <input type="checkbox"/> I am a city resident <input type="checkbox"/> I am a county resident _____ County</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Race: <input type="checkbox"/> African/American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____</p>	<p>Household Income: <input type="checkbox"/> \$0-\$15,000 <input type="checkbox"/> \$15,001-\$30,000 <input type="checkbox"/> \$30,001-\$50,000 <input type="checkbox"/> \$50,001-Over</p>
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POLICY & WAIVER

I understand that The League for People with Disabilities, Inc. assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in an exercise program, the use of any equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs/clients that I assume the risk for any and all injuries or illnesses which may result from these activities. I hereby release and discharge The League, its agents, assigns, and/or employees from any and all claims for injury, illness, death, loss, or damage which I may suffer as a result of my participation in these activities.

I understand that I am responsible for securing my personal property with my own combination or key lock, and that I am responsible for taking it with me whenever I leave; otherwise, I acknowledge that the Housekeeping & Maintenance Staff have the right to cut any locks that remain after 24 hours. The League is not responsible for personal property lost or stolen while members and/or program participants are using The League facilities or are on The League property. I will abide by the rules of proper pool and pool deck conduct while I am participating in any water aerobics class. I also understand that the number of prepaid applicants will determine if a class will be offered, and I will only receive a monetary refund if The League cancels a class and cannot provide accommodations; otherwise, I will be given a credit to use for the next session.

Signature of Primary Member

Date

Signature of Parent/Guardian (if member is under 18 or requires an aide)

Date