

Centralia Recreation Center



# Low Impact Aerobics

**Cost Per Session: Members - \$26      Non Members - \$26 plus Daily Admission Charge**

**Beginning April 30<sup>th</sup>, 2012 to June 28<sup>th</sup>, 2012**

**Classes will be held on Monday, Wednesday, and Thursday evenings from 5:30 PM to 6:30 PM**

**Class Instructor – Christyne Robertson**

**\*\*\*No Class on Monday, May 28<sup>th</sup> ---Memorial Day\*\*\***

*This class features low impact aerobics, stretch and strength toning, and stretch bend workout.*

**Please return this Aerobic Class Sign-Up Sheet with \$26** (checks payable to City of Centralia) to:

Centralia Parks and Recreation Department, 802 W. Lakeview, Centralia, Missouri 65240

In order to hold a class, we must have a minimum of 9 students signed up per class time. If there are not enough students signed up in the class you checked, a refund of the registration fee will be sent to you. Please read our refund policy.

Name \_\_\_\_\_ (Please Circle) Male/Female

Address \_\_\_\_\_

Phone Number/Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

In consideration for the aerobic instructional services provided and to be provided to the participant, I, the undersigned, for myself, my heirs, personal representatives, guardians, legal representatives and assigns, do hereby release from liability and agree not to make or bring any claim or lawsuit of any kind, including any claim for personal injury or property damage, against the City of Centralia, Missouri or its officers, agents and employees, and the aerobic instructors and volunteers for any injury including death or for property damage or any legal claim which may be sustained or suffered by the above named participant in connection with these aerobic classes, including that which may arise out of the participant traveling to, participating in, or returning from the aerobics class. I, the undersigned, further agree to hold harmless and indemnify each legal entity and person released herein who incurs or pays any such damages or claim, or any costs relating thereto, including attorney fees.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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### Aerobics Class Refund Policy

#### 1. Refund at the request of the participant:

- A. If the participant provides a written request for a refund one week prior to the first class, a refund will be granted less a \$5 administrative fee per participant. No refunds will be given for \$5 or less.
- B. If a participant requests a refund less than one week prior to the first class, no refund will be granted.
- C. If a participant cannot attend or continue a class due to an illness, a refund may be granted if a written request is received and:
  - i. A physician's statement of the illness and dates is presented.
  - ii. The request is received no later than 7 days after seeking treatment.
  - iii. A full refund will be granted if the request is received prior to the start of class.
  - iv. A pro-rated refund will be granted for the classes missed due to the illness.

2. Class Cancellation by the Centralia Parks & Recreation Dept. – A full refund will be granted in the event a class is cancelled by the Department. The Parks & Recreation Dept. reserves the right to cancel a class if the minimum program enrollment has not been met two business days before the first class is scheduled to begin.