



THE LEAGUE
FOR PEOPLE WITH DISABILITIES, Inc.

OFFICE USE ONLY	
Date:	_____
Check/Cash:	_____
Credit Card:	MC Visa
Amount:	_____

Fitness Class Application

Name		_____	
Street Address		_____	
City State ZIP		_____	
Home Phone	_____	Work Phone	_____
Emergency Contact	_____	Emergency Phone	_____

Classes – Please Circle the Classes Desired

	MON	TUE	WED	THU	FRI	SAT
6:30 AM	Aerobics & Abs	Water Aerobics	Aerobics & Abs	Water Aerobics		
7:00 AM						Morning Jam
9:30 AM						Butt & Gutt
10:00 AM				Stop the Fatness		
11:00 AM	Arthritis Fitness					
12:00 PM		Aqua Arthritis Plus		Aqua Arthritis Plus		
6:00 PM	Stepping Fitness	Stop the Fatness	Aerobics & Abs	Pilates		
6:15 PM					Boot Camp	
7:00 PM	Aqua Happy Hour	Water Aerobics	<u>Water Aerobics</u>	Water Aerobics		
	Cardio Knockout	Get On the Ball	Cardio Knockout	Get On the Ball		
8:00 PM	Aqua Fit		Aqua Fit			

Rules

◆ No Refunds ◆ Shower Shoes Required in Pool Area ◆ No Chewing Gum ◆ Locks Must Be Removed After Each Class ◆

The Number of Prepaid Applicants Will Determine If The Class Will Be Offered. If The League Cancels Class, We Will Accommodate With Another Class Registration Based On Availability.

Signature	_____	Date	_____
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Agreement and Signature

I absolve the League for People with Disabilities, and the Wellness Center, its' employees, instructors, and volunteers from all liability in the event of any accidental injuries that may occur

THE FOLLOWING 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.

RESIDENCY	SEX	RACE	HOUSEHOLD INCOME
<input type="radio"/> I AM A CITY RESIDENT? <input type="radio"/> I AM A COUNTY RESIDENT? IF COUNTY RESIDENT, NAME: _____	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> <input type="radio"/> AFRICAN / AMERICAN <input type="radio"/> <input type="radio"/> ASIAN <input type="radio"/> <input type="radio"/> CAUCASIAN <input type="radio"/> <input type="radio"/> HISPANIC / LATINO <input type="radio"/> <input type="radio"/> NATIVE AMERICAN	<input type="radio"/> \$0 - \$15,000 <input type="radio"/> \$15,001 – \$30,000 <input type="radio"/> \$30,001 – \$50,000 <input type="radio"/> \$50,001 – Over

VOLUNTEER OPPORTUNITIES

ARE YOU (AND YOUR FAMILY) WILLING TO VOLUNTEER? YES NO

AREA OF INTEREST: _____

(Note: Volunteer Coordinator will contact you)

during or as a result of participation in the fitness classes.