



WROC

2017 FALL REGISTRATION

Name of participant: _____ Age, if under 18: _____

Name of parent, if under 18: _____

Address: _____ City, state, zip: _____

Primary phone: _____ Secondary phone: _____ Westminster Church member

Email address: _____ Non-member

How did you hear about us: _____

ACTIVITIES

For more information about these classes, visit our website at wroc.westminster-church.org

Aerobics	Cost	\$ Paid
Aerobics and Strength Training	\$180	\$
Pay per class	\$5/class	\$
Cardio Strength Fusion - A.M.*	\$124	\$
Pay per class	\$5/class	\$
Cardio Strength Fusion - P.M.	\$56	\$
Pay per class	\$5/class	\$
Zumba		
Tuesdays only	\$80	\$
Thursdays only	\$75	\$
Tuesdays and Thursdays	\$155	\$
Pay per class	\$6/class	\$
Zumba Saturday	\$65	\$
Pay per class	\$6/class	\$
Zumba Toning	\$75	\$
Athletics	Cost	\$ Paid
Adult Open Basketball	\$25	\$
Adult Open Volleyball	\$25	\$
Pole Walking		
Session 1	\$25	\$
Session 2	\$25	\$
Strength, Conditioning, and Balance	Cost	\$ Paid
Arthritis Foundation Exercise*		
Mondays only - Session 1	\$35	\$
Wednesdays only - Session 1	\$35	\$
Mondays and Wednesdays - Session 1	\$70	\$
Mondays only - Session 2	\$40	\$
Wednesdays only - Session 2	\$30	\$
Mondays and Wednesdays - Session 2	\$70	\$
Barre - Pilates Fusion		
Wednesdays only - Session 1	\$35	\$
Thursdays only - Session 1	\$40	\$
Mondays and Thursdays - Session 1	\$75	\$
Pay per class	\$6/class	\$
Thursdays - Session 2	\$35	\$
Pay per class	\$6/class	\$

Strength, Conditioning, and Balance (cont'd)	Cost	\$ Paid
Pilates Flow*	\$75	\$
Strong Bodies-Strong Bones*	\$65	\$
Tai Chi*	\$65	\$
Total Body Sculpt		
Tuesdays only	\$64	\$
Saturdays only	\$56	\$
Tuesdays and Saturdays	\$120	\$
Pay per class	\$5/class	\$

Yoga	Cost	\$ Paid
Flow (Vinyasa) Yoga A.M.		
Tuesdays only	\$80	\$
Fridays only	\$70	\$
Tuesdays and Fridays	\$150	\$
Pay per class	\$7/class	\$
Flow (Vinyasa) Yoga P.M.	\$75	\$
Pay per class	\$7/class	\$
Gentle Yoga A.M.*		
Session 1	\$63	\$
Session 2	\$63	\$
Pay per class	\$12/class	\$
Gentle Yoga P.M.*		
Session 1	\$63	\$
Session 2	\$63	\$
Pay per class	\$12/class	\$

Creative Expression	Cost	\$ Paid
Prayer Shawl Ministry	\$20	\$

Health	Cost	\$ Paid
First Place 4 Health	\$20	\$

Total : \$ _____

* 55+ Friendly

(Continued on back.)

MEDICAL HISTORY

Please list any medical conditions or physical limitation you have:

CHILD CARE REGISTRATION (for children ages 2 through 5½, who are not yet enrolled in kindergarten)

Childcare is available Monday through Friday from 9:00 a.m. until noon. Please check specific classes for childcare availability.

Call Mary Ann Walsh at 412-722-4697 to reserve space for your child(ren). Please allow time on your first visit to complete registration forms.

Childcare cost for all WROC classes is \$2 per child, per hour, payable directly to the caregiver in the nursery.

CONSENT, RELEASE, AND INDEMNITY

I understand that participation in any of the WROC programming can present a risk of harm to the participant and that I have a personal responsibility for assuming any and all medical, hospital, and related expenses that may result from my own or my children's participation in any of the Recreation Center's programs.

I hereby release Westminster Presbyterian Church, affiliated and sponsored organizations, and its personnel, and agree to indemnify and hold harmless the church and its personnel from and against any liability of any nature whatsoever for any injury to myself and/or my son or daughter resulting or arising in any way from my/his/her participation in any programs offered through WROC Ministries. I understand WPC provides no medical coverage.

Signature (parent/guardian if under 18)

Date

PAYMENT

Total amount paid: \$ _____

Check #: _____

Please return this entire form with your check, made payable to **WROC** to:

**Westminster Presbyterian Church
c/o WROC
2040 Washington Road
Pittsburgh, PA 15241**