

# 2019 FALL REGISTRATION

Name of participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_  Westminster Church member

Email address: \_\_\_\_\_  Non-member

CLASS	Cost	\$ Paid
<b>Adult Open Basketball</b>	\$25	\$
<b>Adult Open Volleyball</b>	\$25	\$
<b>Aerobics and Strength Training</b>	\$180	\$
Pay per class	\$7/class	\$
<b>Arthritis Exercise* - Session 1</b>		
Mondays only	\$35	\$
Wednesdays only	\$35	\$
Mondays <b>and</b> Wednesdays	\$70	\$
Pay per class	\$5/class	\$
<b>Arthritis Exercise* - Session 2</b>		
Mondays only	\$40	\$
Wednesdays only	\$35	\$
Mondays <b>and</b> Wednesdays	\$75	\$
Pay per class	\$5/class	\$
<b>Barre-Pilates Fusion</b>		
Session 1	\$35	\$
Session 2	\$30	\$
Pay per class	\$7/class	\$
<b>Cardio Strength Fusion - A.M.*</b>	\$176	\$
Pay per class	\$7/class	\$
<b>Cardio Strength Fusion - P.M.</b>	\$56	\$
Pay per class	\$7/class	\$
<b>Delay the Disease - 1:00 - 2:00 P.M.</b>		
Tuesdays	\$49	\$
Pay per class	\$10/class	\$
<b>Delay the Disease - 2:00 - 3:00 P.M.</b>		
Tuesdays	\$49	\$
Thursdays	\$49	\$
Tuesdays & Thursdays	\$98	\$
Pay per class	\$10/class	\$
<b>Deep Stretch (Yin) Yoga</b>		
Session 1	\$42	\$
Session 2	\$42	\$
Pay per class	\$7/class	\$
<b>Flow (Vinyasa) Yoga A.M.</b>		
Tuesdays only	\$75	\$
Thursdays only	\$70	\$
Tuesdays <b>and</b> Thursdays	\$145	\$
Pay per class	\$7/class	\$
<b>Flow (Vinyasa) Yoga P.M.</b>	\$40	\$
Pay per class	\$7/class	\$

CLASS	COST	\$ PAID
<b>Gentle (Hatha) Yoga A.M.*</b>		
Session 1	\$63	\$
Session 2	\$63	\$
Pay per class	\$12/class	\$
<b>Gentle (Hatha) Yoga P.M.*</b>		
Session 1	\$63	\$
Session 2	\$63	\$
Pay per class	\$12/class	\$
<b>Pickleball</b>		
Thursdays	wait list	
Fridays 6:00 - 8:00 p.m.	wait list	
Fridays 8:00 - 10:00 p.m.	\$10	\$
<b>Pole Walking*</b>	\$20	\$
<b>Quick Cardio</b>		
Tuesdays only	\$64	\$
Saturdays only	\$60	\$
Tuesdays <b>and</b> Saturdays	\$124	\$
Pay per class	\$5/class	\$
<b>Strong Bodies-Strong Bones*</b>	\$65	\$
<b>Tai Chi*</b>	\$65	\$
<b>Total Body Sculpt</b>		
Tuesdays only	\$64	\$
Saturdays only	\$60	\$
Tuesdays <b>and</b> Saturdays	\$124	\$
Pay per class	\$7/class	\$
<b>yoga4cancer</b>		
Session 1	\$42	\$
Session 2	\$42	\$
Pay per class	\$10/class	\$
<b>Zumba</b>		
Tuesdays only	\$75	\$
Thursdays only	\$70	\$
Tuesdays <b>and</b> Thursdays	\$145	\$
Pay per class	\$7/class	\$
<b>Zumba Toning</b>	\$70	\$

**Total : \$** \_\_\_\_\_

\* 55+ Friendly

(Continued on back)

## MEDICAL HISTORY

Please list any medical conditions or physical limitation you have:

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## 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 form with your check, made payable to **Westminster Presbyterian Church with WROC** in the memo line to:

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