



WROC

2017 SUMMER 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
Cardio Strength Fusion - A.M.*	\$120	\$ _____
Pay per class	\$5/class	\$ _____
Cardio Strength Fusion - P.M.	\$56	\$ _____
Pay per class	\$5/class	\$ _____
Thursday Aerobics and Strength Training	\$28	\$ _____
Pay per class	\$5/class	\$ _____
Zumba		
Tuesdays only	\$75	\$ _____
Thursdays only	\$80	\$ _____
Tuesdays and Thursdays	\$155	\$ _____
Pay per class	\$6/class	\$ _____
Zumba Saturday	\$85	\$ _____
Pay per class	\$6/class	\$ _____
Athletics	Cost	\$ Paid
Adult Open Basketball	\$25	\$ _____
Adult Open Volleyball	\$25	\$ _____
Cycling Group Ride	Free	_____
Strength, Conditioning, and Balance	Cost	\$ Paid
Arthritis Foundation Exercise*		
Mondays only - Session 2	\$20	\$ _____
Wednesdays only - Session 2	\$20	\$ _____
Mondays and Wednesdays - Session 2	\$40	\$ _____
Barre - Pilates Fusion		
Session 2	\$45	\$ _____
Pay per class	\$6/class	\$ _____
Pilates Flow*	\$70	\$ _____

Strength, Conditioning, and Balance (cont'd)	Cost	\$ Paid
Total Body Sculpt		
Tuesdays only	\$56	\$ _____
Saturdays only	\$60	\$ _____
Tuesdays and Saturdays	\$116	\$ _____
Pay per class	\$5/class	\$ _____
Yoga	Cost	\$ Paid
Flow (Vinyasa) Yoga A.M.		
Tuesdays only	\$64	\$ _____
Fridays only	\$64	\$ _____
Tuesdays and Fridays	\$128	\$ _____
Pay per class	\$5/class	\$ _____
Flow (Vinyasa) Yoga P.M.	\$60	\$ _____
Pay per class	\$5/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	\$ _____
WROC Talk	Cost	\$ Paid
Anything but Simple: My Life as a Mennonite	Free	_____
Health	Cost	\$ Paid

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**