



2019 SUMMER REGISTRATION

Name of participant: _____ Phone: _____

Address: _____

City, state, zip: _____ Westminster Church member

Email address: _____ Non-member

ACTIVITIES

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

Aerobics	Cost	\$ Paid
Aerobics and Strength Training	\$40	\$
Pay per class	\$7/class	\$
Thursday Aerobics and Strength Training	\$36	\$
Pay per class	\$7/class	\$
Cardio Strength Fusion - A.M.*	\$176	\$
Pay per class	\$7/class	\$
Cardio Strength Fusion - P.M.	\$56	\$
Pay per class	\$7/class	\$
Quick Cardio		
Tuesdays only	\$56	\$
Saturdays only	\$64	\$
Tuesdays and Saturdays	\$120	\$
Pay per class	\$5/class	\$
Zumba		
Tuesdays only	\$75	\$
Thursdays only	\$70	\$
Tuesdays and Thursdays	\$145	\$
Pay per class	\$7/class	\$
Zumba Toning	\$35	\$
Athletics	Cost	\$ Paid
Adult Open Basketball	\$25	\$
Adult Open Volleyball	\$25	\$
Cycling Group	Free	
Pickleball		
Thursdays only	\$10	\$
Fridays only	\$10	\$
Strength, Conditioning, and Balance	Cost	\$ Paid
Arthritis Exercise*	\$30	\$
Barre-Pilates Fusion	\$35	\$
Pay per class	\$7/class	\$
Delay the Disease Session 1		
Tuesdays only	\$35	\$
Thursdays only	\$35	\$
Tuesdays and Thursdays	\$70	\$
Delay the Disease Session 2		
Tuesdays only	\$30	\$
Thursdays only	\$30	\$
Tuesdays and Thursdays	\$60	\$

Strength, Conditioning, and Balance (cont'd)	Cost	\$ Paid
Strong Bodies-Strong Bones*	\$25	\$
Tai Chi*	\$25	\$
Total Body Sculpt		
Tuesdays only	\$56	\$
Saturdays only	\$64	\$
Tuesdays and Saturdays	\$120	\$
Pay per class	\$7/class	\$
Yoga	Cost	\$ Paid
Flow (Vinyasa) Yoga A.M.		
Tuesdays only	\$70	\$
Thursdays only	\$75	\$
Tuesdays and Thursdays	\$145	\$
Pay per class	\$7/class	\$
Flow (Vinyasa) Yoga P.M.		
Session 1	\$35	\$
Session 2	\$45	\$
Pay per class	\$7/class	\$
Gentle Yoga A.M.*	\$63	\$
Pay per class	\$12/class	\$
Gentle Yoga P.M.*	\$63	\$
Pay per class	\$12/class	\$
Health	Cost	
Whole Food Plant-Based Nutrition Series	Free	

Total : \$ _____

* 55+ Friendly

(Continued on back)

MEDICAL HISTORY

Please list any medical conditions or physical limitation you have:

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