



WROC

2015 WINTER REGISTRATION

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

Name of parent, if under 18: _____

Address: _____ City, state, zip: _____

Home phone: _____ Cell 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	\$196	\$
Pay per class	\$5/class	\$
Cardio Strength Fusion - A.M.*	\$128	\$
Pay per class	\$5/class	\$
Cardio Strength Fusion - P.M.	\$64	\$
Pay per class	\$5/class	\$
Zumba		
Tuesday only	\$68	\$
Thursday only	\$60	\$
Tuesday and Thursday	\$128	\$
Pay per class	\$5/class	\$
Zumba Toning	\$60	\$
Zumba Saturday	\$60	\$
Pay per class	\$5/class	\$
Athletics	Cost	\$ Paid
Adult Open Basketball	\$25	\$
Adult Open Volleyball	\$25	\$
Family Fitness	Cost	\$ Paid
Family Fitness Frenzy	\$50/family	\$
Outdoor Athletics	Cost	\$ Paid
Ladies Introductory Golf Clinic	\$75	\$
Pole Walking	\$10	\$
Strength, Conditioning, and Balance	Cost	\$ Paid
Arthritis Foundation Exercise*		
Session 1	\$35	\$
Session 2	\$35	\$
Personal Training		\$
Pilates		
Session 1	\$80	\$
Session 2	\$80	\$
Pay per class	\$10/class	\$

Strength, Conditioning, and Balance	Cost	\$ Paid
Pilates Flow*	\$80	\$
Tai Chi*		
Session 1	\$35	\$
Session 2	\$35	\$
Total Body Sculpt		
Tuesday only	\$64	\$
Saturday only	\$60	\$
Tuesday and Saturday	\$124	\$
Pay per class	\$5/class	\$
Yoga	Cost	\$ Paid
Flow (Vinyasa) Yoga A.M.		
Tuesday only	\$64	\$
Friday only	\$60	\$
Tuesday and Friday	\$124	\$
Pay per class	\$5/class	\$
Flow (Vinyasa) Yoga P.M.		
Session 1	\$32	\$
Session 2	\$32	\$
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
Art and Beauty: A Drawing and Painting Class	\$25	\$
Prayer Shawl Ministry	\$20	\$
Total :		\$

(Continued on back.)

* 55+ Friendly

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)

Please check specific class for availability. Childcare cost is \$2.00 per child, per hour, payable directly to the caregiver.

Additional forms are required to register your child. Paper copies are available in the Nursery (room 237); please allow time on your first visit to complete the forms.

*Specify the class(es) for which you will need childcare.

Name:	Age:	*Class:
Child 1:		
Child 2:		
Child 3:		

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