WROC

2012 WINTER REGISTRATION

Each participant must sign and return the entire registration form.

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

Name of parent, if under 18: _____

Address: _____ City, state, zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

☐ Westminster Church member

☐ Non-member

ACTIVITIES

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

55+ Classes	Cost	$ Paid
Arthritis Exercise	$50	$
Science on the Road: March 27	$15	$
Science on the Road: April 24	$15	$
Silver Scholars Computer Classes	$180	$
Wellness Through Yoga		
Session I, Session 2, Session 3 (circle session(s))	$54/ sess.	$
Zumba Gold	$52	$

Athletics	Cost	$ Paid
Adult Open Basketball	$25	$
Adult Open Volleyball	$25	$
Cardio-Sculpt	$176	$
Drop In & Work Out	$186	$
Essential CORE and Strength Training	$132	$
Fitness Yoga	$64	$
M-W-F Morning Aerobics	$196	$
Personal Training (please calculate and write in total)		$
Personal Training Jump Start Fitness Package	$159	$
Strength-Sculpt-Stretch	$128	$
WROC Walk	$132	$
Yoga	$72	$
Zumba: Tuesday **or** Thursday (circle one)	$66	$
Tuesday **and** Thursday	$132	$
Zumba Saturday	$56	$
Zumba Toning: January 5 - 26	$12	$
February 2 - 23	$12	$
March 1 - 29	$15	$
April 12 - 26 (no class 4/5)	$9	$

Total column A: $ _____

Creative Expression	Cost	$ Paid
Prayer Shawl Ministry	$ 20	$

Creative Expression for Special Needs	Cost	$ Paid
Cartooning	$30	$
Cooking Cafe Style	$50	$
Easter Baked Goods	$15	$
Movie Night (pay per week)	$6	$
Music and Line Dancing (pay per week)	$5	$

Health	Cost	$ Paid
First Place 4 Health (study book)	$15	$
What's Inside You and Why Should You Care?	$25	$

Men WROC	Cost	$ Paid
Men's Saturday Breakfast	$5	$

Special Interests	Cost	$ Paid
Just Moved	$15	$
Watercolor Portrait Workshop	$50	$

Special Interests for Parents	Cost	$ Paid
Scream Free Parenting	$15	$
WROC-A-Bye (Pay sitter directly.)		

Women WROC	Cost	$ Paid
Women on Wednesday	$20	$

Total column B: $ _____

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 presently have satisfactory insurance coverage with:

Name of insurance carrier

Policy number

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.

Signature (parent/guardian if under 18)

Date

PAYMENT

Once you have completed the registration form, please total your fees as follows:

Subtotal: $

Total child care (above): $

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