Kids Camp

The Aerobic Center
Lynch Field ★ Greensburg, PA

526 New Alexandria Road, Greensburg, PA 15601
724-834-2153 www.aerobiccenter.org

KID FIT Ages 5-11

June 12th –August 24th

MONDAYS 9:45 –11:15AM, TUESDAYS & THURSDAYS 9-10:30AM

Includes Saturdays and Sundays Family Swim 1:00pm-3:00pm

Cost: Members $65 NonMembers $90
Minimum of 10 kids required for program to be held!
Walk-ins $8.00/class (after minimum is met)

Free DQ cone weekly from Lynchfield Dairy Queen

ALL PARTICIPANTS MUST WEAR ATHLETIC SHOES.
Instructor: BEN MARNELL

PLEASE RETURN COMPLETED FORM & PAYMENT BY JUNE 5, 2017

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Child's Name:_____ Child's Name_____

Child's Name_____ Child's Name_____

Parent's Name:_____

Address:_____ Phone:_____

_____ Email:_____

Emergency contact:_____ Phone:_____

Aerobic Center Kids Release and Agreement

I hereby agree that use of the facilities or participation in any program offered by or conducted at the Aerobic Center is at my sole and exclusive risk. I hereby release the Aerobic Center Municipal Authority, its board members, agents and employees from all claims, demands, costs and expenses resulting in personal injury or death caused by accident, use of equipment or facilities of the Aerobic Center or participation in any program offered or conducted by the Aerobic Center or caused by failure to give proper first aid, CPR/AED, or other medical or paramedical assistance in the event of illness or injury to the undersigned. I understand and agree to observe all rules and guidelines set forth by the management of the Aerobic Center. I further realize that all monies collected for this program are non-refundable and non-transferable. Kid Fit is subject to cancellation if the minimum of 10 participants is not met. A full refund will be issued if this occurs. I fully understand that the Kid Fit requires moderate physical activity, and hereby represent and acknowledge that my child's physical condition permits him/her to participate in the Kid Fit Class. Any cancellations after June 1, 2017 will be assessed a $10.00 fee.

_____ _____

Parent Signature **Date**

OFFICE USE ONLY: AMT. PD._____ RECEIPT#_____ DATE_____