

Specialty Programs - Adaptive Aquatics

Adaptive Exercise

The Aerobic Center
Lynch Field ★ Greensburg, PA

**SPECIAL NEEDS CLIENTS CAN
ENJOY AN HOUR OF WATER
GAMES AND FITNESS.**

WEDNESDAYS 5:30-6:30PM

**WINTER, SPRING & FALL
SESSIONS**



Cost: \$35.00 / 8 Week Session or \$7.00/ Class

Sessions are subject to cancellation if the minimum of 8 participants is not met.

The Aerobic Center is not responsible for assisting individuals in the locker rooms.

Aides must assist and accompany clients in locker rooms and accompany clients into pool if necessary.

Registration forms available online and at The Front Desk. Call Colby for details.

An aide may accompany individual in the water at no cost but must sign the release form located at the pool at the beginning of every class.

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

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ADAPTIVE EXERCISE

SPECIAL NEEDS CLIENTS CAN ENJOY AN HOUR OF WATER GAMES AND FITNESS.

WEDNESDAYS 5:30-6:30PM

September 28– November 16, 2022

Cost: \$35.00 / 8 Week Session or \$7.00/ Class



Sessions are subject to cancellation if the minimum of 8 participants is not met.

Registration deadline is September 21, 2022.

The Aerobic Center is not responsible for assisting individuals in the locker rooms.

Aides must assist and accompany clients in locker rooms and accompany clients into pool if necessary.

Registration forms available online and at The Front Desk. Call Rachel For details. An aide may accompany individual in the water at no cost.

Participant's Name _____ Age _____

Address _____ Phone# _____

Guardian's Name _____ Aide/Caregiver's Name _____

Caregiver/Aide Phone# _____

RELEASE AND AGREEMENT

I fully understand that the Adaptive Exercise program requires moderate physical activity and hereby represent and acknowledge that my physical condition permits me to participate in the Adaptive Exercise program. I further realize that all monies collected for this program are **non-refundable and no-transferable** for any reason, except in the event The Aerobic Center cancels the program. I also release and discharge all instructors, lifeguards, supervisors, and directors from any and all claims, damages, demands and liabilities arising out of or in any way related to participation in the Adaptive Exercise Program.

Participant's Signature _____

Parent/Guardian's Signature _____

Date _____

Office use: Receipt# _____ Date paid _____ Amount paid _____

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