



3128 Amesbury Drive * Baldwinsville, New York 13027 * p. 315- 635-7171 * f. 315-635-7182 * www.radissoncommunity.org

RADISSON WATER AEROBICS REGISTRATION – 2018

COST: \$35 / per 4-week session (cash or check payable to RCA)

LOCATION: Oberon Pool, 8650 Carpenter Road

TIME: Mon – Fri 8:30am – 9:15am

Session I: June 25 - July 20 Session II: July 23 - August 17

PARTICIPANT'S NAME: _____

ADDRESS: _____ City/Zip if non-resident: _____

PHONE: _____ eMAIL: _____

EXTREMELY IMPORTANT – PLEASE BE SURE TO COMPLETE

LOCAL EMERGENCY CONTACT: _____ RELATIONSHIP TO YOU: _____

PHONE: _____ (Alt PHONE) _____

MEDICAL CONCERNS/ALLERGIES/SPECIAL NEEDS: _____

Waiver Agreement: I hereby consent to participate in the Water Aerobics Program offered at Radisson's Oberon Pool. I further release and agree to hold harmless the Radisson Community Association, Inc. ("RCA"), its employees, agents, representatives and any volunteers from any and all injury, claims, and liabilities whatsoever that might be incurred as a result of participation in said program. I further grant the RCA, its employees, agents, representatives and any volunteers or emergency medical personnel permission to provide my child/participant with emergency or medical treatment should that become necessary. **I give permission for photos taken during the program to be used by RCA.** (Submit written notice to revoke permission.) I have read this document carefully, understand its terms, and voluntarily sign it understanding its significance. **Refunds/Fees:** Refunds allowed only until second day of program. \$10 processing fee on all refunds. Returned check fee, \$30. Exceptions to policy must be granted by the RCA Executive Director.

RESIDENTS: Sign up online to get eMails about program updates, including cancelations.

SIGNATURE: _____ DATE: _____

RCA USE ONLY: SPLIT _____ ROSY: _____

DATE REC'D: _____ CHECK/CASH #: _____ AMT PAID: _____ STAFF: _____ # _____