



**FRIENDS OF THE LOST PINES STATE PARKS  
AEROBICS INSTRUCTION - 2009  
REGISTRATION FORM**



STUDENT NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work: \_\_\_\_\_  Cell: \_\_\_\_\_  
(check preferred contact)

Email (if you would like information in the future) \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Special Needs: \_\_\_\_\_

*Check the week of your choice: All Classes are Mon-Fri, from 8:00 – 8:45 a.m.  
Class size will be 3 to 15 students. (You may be asked to reschedule in order to maintain class sizes.)*

WEEKS:	
<input type="checkbox"/>	Class I June 1 – 5
<input type="checkbox"/>	Class II June 8 – 12
<input type="checkbox"/>	Class III June 15 - 19
<input type="checkbox"/>	Class IV June 22 - 26
<input type="checkbox"/>	Class V June 29 – July 3
<input type="checkbox"/>	Class VI July 6 - 10
<input type="checkbox"/>	Class VII July 13 – 17
<input type="checkbox"/>	Class VIII July 20 – 24
<input type="checkbox"/>	Class IX July 27 – 31

**FEES: \$50.00 PER WEEK, OR \$150.00 PER 4 WEEKS** *(want to try just one day? - \$10)*  
checks payable to: FLPSP (Friends of the Lost Pines State Parks) - (refunds will be reduced by \$5. to cover prepaid insurance)

**SKILL LEVEL OF STUDENT** - Develop confidence and improve known skills. Increase endurance. Build on familiar skills and introduce aerobic skills. **Learning Water Safety Objectives** is an essential.

Staff Use:

Class: _____	Time: _____	Level: _____	Fee: (include late fee if applicable) _____
Receipt Number: _____		Date: _____	