

**Wellness Program Registration for Land and Aqua Programs
January 10-March 5-8 weeks**

(No Class January 17)

Registration period December 27-January 15

Please submit this Registration Form, in person, with payment to *BPS/Lied Activity Center*.

Name (PLEASE PRINT) _____ Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Member ID #: _____

Non-Member ID #: _____

Check Box	Pricing Before 1/15	Member	Non-Member	Check Box	Pricing After 1/15	Member	Non-Member
	1 class per week	\$60.00	\$75.00		1 class per week	\$75.00	\$90.00
	2 classes per week	\$90.00	\$105.00		2 classes per week	\$105.00	\$120.00
	3 classes per week	\$110.00	\$125.00		3 classes per week	\$125.00	\$140.00
	4 classes per week	\$130.00	\$145.00		4 classes per week	\$145.00	\$160.00
	5 classes per week	\$150.00	\$165.00		5 classes per week	\$165.00	\$180.00
	BPS Staff* Unlimited Pass	\$105.00			BPS Staff* Unlimited Pass	\$120.00	

*Please complete entire registration form

*BPS staff, retirees, support staff receive discounted rate

Check # _____ Cash \$ _____ Credit Card _____ Rec'vd by: _____

CLASS TOTAL	\$
PRIOR CREDIT	\$
GRAND TOTAL	\$
No refunds after the second scheduled class	

If Bellevue Public Schools close due to inclement weather or scheduled holiday or you miss a scheduled class you are encouraged to make up the missed class(es) during the current session.

There are no prorates on missed classes.

No refunds after the second scheduled class.

Agreement to Hold Harmless and Waiver of Liability

In consideration of being granted permission to use the Lied Activity Center and the facilities located therein, I agree to hold harmless Sarpy County School District No. 001, a.k.a. the Bellevue School District and I agree to hereby waive, release and forever discharge Bellevue Lied Activity Center, Fit In The City LLC, their companies, owners, directors, employees, independent contractors, facilities and staff from any and all liability arising out of any fitness activity including, but not limited to: injury, death, and loss or damage to personal property. I understand and am aware that cardiovascular fitness and all other movement-based activities, strength, flexibility, including the use of equipment and outdoor workouts are potentially hazardous activities. I understand the risks involved participating in these classes and represent that I am in sound physical condition and have informed staff/instructors of any prior medical conditions.

Signature of Applicant or Guardian if less than 19 years of age

Date

CHECK BOX	
	<p><u>Monday</u> 8:30-9:20am-Strength Moves</p>
	9:30-10:20am-Aqua Moves
	<p><u>Tuesday</u> 8:30-9:20am-Balance with Flexibility</p>
	9:30-10:20am-Aqua Moves
	5:30-6:20pm-Aqua Moves
	<p><u>Wednesday</u> 8:30-9:20am-Strength Moves</p>
	9:30-10:20am-Aqua Moves
	6:00-7:00pm-Yoga
	<p><u>Thursday</u></p>
	9:30-10:20am-Aqua Moves
	5:30-6:20pm-Aqua Moves
	<p><u>Friday</u> 8:30-9:20am-Strength Moves</p>
	9:30-10:20am-Aqua Moves
	<p><u>Saturday</u> 10:30-11:20am-Aqua Moves</p>