

WATER AEROBICS 2025

**STARTING TUESDAY, JUNE 10th -
THURSDAY, AUGUST 7th**

DAYS: TUESDAYS AND THURSDAYS

**TIME: TUESDAYS 7:00 – 8:00 P.M. WATER AEROBICS
THURSDAYS 7:00 – 8:00 P.M. WATER AEROBICS**

WHERE: WHARTON CITY POOL

**COST: \$100.00 PER PARTICIPANT MUST BE PAID UP FRONT FOR CLASSES
THAT WILL BE HELD.**

ITEMS TO BRING:

- WATER BOTTLE
- SUNSCREEN AND HAT
- WATER SHOES

ITEMS TO PURCHASE:

- AQUA BELLS

**PAYMENT IS EXPECTED AT TIME OF REGISTRATION. CLASS MUST HAVE
AT LEAST TEN ENROLLED TO BE HELD.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE WHARTON CIVIC CENTER,
979-532-4811 EXT. 603.**

CONSENT FORM

**WHARTON MUNICIPAL POOL
WHARTON AEROBICS
979-532-2491 ext. 603 (CIVIC CENTER)**

NAME: _____
(Please Print)

I understand that I am responsible for monitoring my own condition throughout the workout and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. If conditions persist, I agree to consult my physician and obtain written permission before returning to the program.

I agree to hold blameless, the City of Wharton and/or the instructor from any and all claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Signature

Date

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program.

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____
Street or P.O. # City State Zip

TELEPHONE #: _____

EMERGENCY #: _____

NAME OF PHYSICIAN: _____

TELEPHONE #: _____

LIMITATIONS AND/OR MEDICAL CONDITIONS: _____