

# **WATER AEROBICS 2026**

**STARTING TUESDAY, JUNE 2<sup>nd</sup> -  
THURSDAY, July 30<sup>th</sup>**

**DAYS: TUESDAYS AND THURSDAYS**

**TIME: TUESDAYS 6:00 – 7:00 P.M. WATER AEROBICS  
THURSDAYS 6:00 – 7:00 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 THE 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: \_\_\_\_\_