



\$210/summer
\$54/10 PASS CARD
\$6/SESSION

DATE:
TOTAL:



WATER AEROBICS REGISTRATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

WHAT IS YOUR MOST DESIREABLE AEROBICS TIME?

☐

9:00 AM

☐

12:00 PM

☐

5:30 PM

ARE YOU A RENEW ACTIVE MEMBER?

IF SO, WE NEED THE FOLLOWING INFO TO WAIVE YOUR FEE.

10 DIGIT CODE: _____

DOB: _____

RENEW ACTIVE, THE GOLD STANDARD IN MEDICARE FITNESS PROGRAMS FOR BODY AND MIND, IS COMING TO RAYMOND POOL THIS 2025 SEASON! THE PROGRAM IS AVAILABLE AT NO ADDITIONAL COST WITH UNITEDHEALTHCARE MEDICARE PLANS. LEARN MORE AT UHCRENEWACTICE.COM

***NO REFUNDS WILL BE GIVEN FOR AEROBICS PASSES**

COMPLETE WAIVER AND RELEASE OF LIABILITY REQUIRED TO REGISTER

SIGNATURE: _____

DATE: _____