



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CLARION COUNTY YMCA
499 Mayfield Road
Clarion, Pa 16214
(814)-764-3400
www.clarioncountyyymca.org

AQUA ARTHRITIS PROGRAM

REGISTRATION FORM

6 WEEK SESSIONS

REGISTER ONLINE <https://register.oilcityymca.org/ymca/pgsearch.php>

Participant's Name:	
Participant's Date of Birth:	
Address: City, State, Zip	
E-Mail:	
Emergency Contact Name and Phone:	

SESSION registering for: _____

LESSON TYPE	MEMBERS	NON-MEMBERS
<p>Aqua Arthritis Program</p> <p>Our instructors are qualified through the Arthritis Foundation to teach water classes specifically to support those with Arthritis. The classes are low-impact, often utilize floatation aids and are tailored to support the needs and wants of those enrolled. Come and ease your joints in our warm pool in the safety of our approachable and qualified staff.</p> <p><i>*classes switch to Tuesdays and Fridays beginning in September!</i></p> <p>Tuesday and Friday 12pm-1pm</p> <p>Session 4: Nov 10 -Dec 18 Session 5: Dec 22 -Jan 29 Session 6: Feb 2- March 5</p>		\$27

Waiver:

By completing this form, I understand that the CLARION COUNTY YMCA activities have inherit risks and I hereby assume all risks and hazards incidental to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activates from any claims or injuries sustained during my participation in YMCA activities, facility or property used. The YMCA reserves the right to limit entry at any time. I give my permission for the YMCA association to use any digital images of and or quoted statements by myself for the purpose of promotion of advertising of YMCA association or its programs. I understand that there will be no paid compensation for any such usages.

Date: _____ Name: _____ Signed: _____

