



Parks and Recreation Department
1100 Chatham Av Norwalk, IA 50211 515.981.9206



2019 Water Aerobics

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, or by mail)

Our aquatic workout is performed in the cool and relaxing pool atmosphere. Each class consists of a 60-minute aerobic workout that includes muscle toning for arms, stomach, hips, and legs along with flexibility and relaxation exercises. This program stresses going at your own pace. All exercises can be performed either high or low impact. You decide how hard you want to work. Instructor:
Mary Jane Sharp.

Dates

Registration Dates: May 16 to Jun 3

Program Dates: June 4 through July 25

(rainout date: Jul 30 or Aug 1)

Program Times: 8:30pm to 9:30pm

Program Days: Tuesday & Thursday

Information

Cost: \$49.00 residents

\$56.00 non-resident

Location: Norwalk Aquatic Center



Late Fee: A late fee of \$15.00 will be assessed in addition to the regular fee for any registration taken after the Friday, Jun 1 deadline, pending there is room still available.



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name:

Address:

City, State, Zip:

Daytime Phone #: Type:

Evening Phone #: Type:

Cell Phone #: Preference:

Email Address

Activity Information:

Program Registration Fee Late Fee

Financial Assistance Program

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.

Would you like to contribute \$1.00 (or more) to this program? Yes _____ No Thank You
(if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

Liability Wavier:

I give permission for my child to participate in this program and agree not to hold the Parks and Recreation Department, their staff, or any volunteer helpers responsible for any accidents. I have READ and AGREE to the waiver:

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY: 440.4500

PAID _____ CK# _____ CASH _____ By: _____
Credit Card _____ Number _____ Expires _____ CVC _____