



Continuing Education & Community Outreach

## Water Aerobics Registration

### Policies

**Courses:** The Water Aerobics courses are instructor-led workouts that may help improve flexibility, stamina, and strength while decreasing pain and stiffness. Two separate classes are offered monthly that meet on different schedules. **Aquacise** meets on M/W/F from 9am-10am **Aquafit** meets on Tu/W/Th from 2:30pm-3:30pm.

**Registration & Fees:** A one-time registration fee of \$25 is required for new participants. Participants are required to resubmit full registration (form and fee) should they not participate in Water Aerobics for three consecutive months. Each course has a monthly fee of **\$55.00** due by the **25<sup>th</sup> of the month prior**. Please fill out and sign the forms below and mail to: **LSUA Continuing Education 807 Jackson Street Alexandria, LA 71301**. Registration fee and monthly payments can be made by check or money order made payable to LSUA Continuing Education or by debit or credit card online through **RegisterBlast** at <https://www.registerblast.com/lsua-conted/Activity>.

**Attendance:** Participants are permitted to attend only the course for which they are registered. Participants are allowed **ONE** makeup session per month due to an absence from their regularly scheduled class. Participants are required to give instructor(s) adequate notice of upcoming absence and indicate the desired class for the makeup session. Participants must have approval from instructor(s) before attending a makeup session. Participants may register for both Aquacise and Aquafit courses separately to attend both course schedules (*if applicable*).

**Cancellations, Withdrawals, & Refunds:** LSUA/CE reserves the right to cancel courses due to low enrollment, severe weather conditions, or other extenuating circumstances; to change times if necessary; and to substitute instructors.

Each Water Aerobics course must meet a minimum enrollment of 8 participants, registered with fees paid by the 25<sup>th</sup> of the month prior, to proceed with classes for the month. A decision will be made on the 26<sup>th</sup> of the month prior whether the course is to be cancelled due to low enrollment. In the event that LSUA/CE cancels a course, participants are notified by telephone and/or email and will receive a full fee refund. Alternatively, participants may transfer their registration to the other course, provided the other course has enough enrollees to continue as scheduled.

In the event the pool is closed by LSUA Facilities Services, participants may receive a prorated refund based on time missed due to a **POOL CLOSURE**. Classes will proceed as normal under all other circumstances (i.e. pool temperature).

A full fee refund may be granted if a participant withdraws before the 25<sup>th</sup> of the month, and no refunds will be issued after this time.

## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ Email: \_\_\_\_\_

Choose a class: \_\_\_\_\_ Aquacise MWF 9-10am \_\_\_\_\_ Aquafit TuWTh 2:30-3:30pm

Course fee: **\$55.00 per month**      **Registration & payment due by the 25<sup>th</sup> of the month prior**

**Checks and Money Orders:** Make payable to LSUA Continuing Education. Place payment in the drop box near the pool or mail to 807 Jackson St, Alexandria LA, 71301

**Credit Card Payments:** Pay online at [www.registerblast.com/lsua-conted/Activity](http://www.registerblast.com/lsua-conted/Activity). (\$5.00 non-refundable processing fee included)

**Note:** Credit card payments will be refunded by check. Processing fees are non-transferable.

QUESTIONS/INFORMATION: (318) 427-4441 ▪ [www.lsua.edu/ce](http://www.lsua.edu/ce) ▪ 807 Jackson Street, Alexandria, LA 71301



LSU of ALEXANDRIA  
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### Medical Release and Emergency Contact Form

**Participant Name** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone (Day)** \_\_\_\_\_

#### Medical Treatment and Liability Release/Hold Harmless Agreement

In consideration of my participation in Aquacise, and/or Aquafit I, \_\_\_\_\_, on behalf of myself, heirs, legatees, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless LSUA and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage of whatever nature or cause, incurred by me (or my child's) participation in the aforementioned activity. I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent and Release.

**Signature** \_\_\_\_\_

#### Emergency Hospital Permission

I hereby give my permission to receive necessary medical treatment in the event of an injury or illness while attending special programs sponsored by LSUA. I accept responsibility for the full payment of such medical treatment and wish to be taken to the emergency room of \_\_\_\_\_ Hospital in the event of a medical emergency.

List all allergies or special medical information:

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: Please do not participate if you are ill.*

**Signature** \_\_\_\_\_

#### Advisory to Participants

You are hereby advised by LSUA Continuing Education offering Aquacise and Aquafit, examination by a qualified medical doctor for the purpose of establishing the complete physical soundness for participation.

**Signature** \_\_\_\_\_