



Weight Training

Weight training is a proven critical element in healthy aging and a great complement to any fitness program.

INSTRUCTOR: Kelly Straight

SESSION DATES: Ongoing

AGES: 14 years old and older

LOCATION: Ober Park Performance Room

DAYS:	Class One	Class Two
	Monday and Friday;	Monday, Wednesday & Friday

TIME:	6:30am to 7:30am	8:50am to 9:50am
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FEE: \$90 for a 12-class punch card or \$12 for drop-in

REQUIRED CLOTHING & FOOTWEAR: Workout clothing, plus running or tennis shoes.

IMPORTANT! Registration packets without required signatures, payment, and Reduced Fee or Payment Plan paperwork, if applicable, will NOT be accepted until all required documents are received.

For more information, please call Vashon Park District's Office at (206) 463-9602 or stop by at our Ober Park location. VPD's office hours are Monday to Friday, 8am to 4pm. You can also visit our web site at www.vashonparkdistrict.org.

PLEASE SEE REVERSE FOR REGISTRATION FORM.

Vashon Park District The logo graphic consists of three vertical, slightly curved lines of varying heights, resembling a stylized 'V' or a grass-like element.

WEIGHT TRAINING 2008 – Registration Form

Name: _____ Age: _____
Parent or Guardian Name: _____ Home Phone: _____
Cell or Pager: _____ Work Phone: _____
Mailing Address: _____
Home Address if different from above: _____
E-mail (please print clearly): _____

(Emergency Contacts are alternates to the parent/guardian. List at least ONE.)

Emergency Contact: _____ Phone: _____

Emergency Back-up Contact: _____ Phone: _____

I DO: _____ or DO NOT: _____ have any Medical Conditions.

Please list all Medical Conditions: _____

Doctor Name: _____ Doctor Phone: _____

Location: _____

How did you hear about this program? Newspaper Website School Registration Packet Mass
Email Poster Word of Mouth Billboard Other _____

Please fill out ONLY if submitting form and credit card payment via mail or dropbox.

Circle One: VISA / MasterCard CARD #: _____

Expiration Date: _____ CVV #: _____ (last three #'s on back of card to the right)

Billing Address and Zip Code of the Card: _____

Payments in full: VASHON PARK DISTRICT, P.O. BOX 1553, Vashon, WA 98070

VPD also has a secure drop box beside the north entrance door facing the parking lot and online registration at www.vashonparkdistrict.org.

Reduced Fees are available upon completion of an application in the VPD Office. Proof of household income is required with each application. Check here if you have applied for a Reduced Fee.

Check here if would like to donate to VPD's Reduced Fee Fund. Amount: _____ Thank you!

Vashon Park District Refunds & Cancellations: Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

Disclaimer: In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

Signature: _____ Date _____
(Parent/ Guardian/Participant if 18+years old Signature)

Please Print Name: _____