



C'ya'll! Masters at Crossgates
Adult Swim Fitness Program Registration Form
FALL 2010
September 7 – November 18

Name: _____ Age: _____
Last First

Home Phone: _____ Work: _____ Cell: _____

Address: (please include zip code):

Email Address: *please write legibly* ☺

Please list any health implications:

Emergency Contact Name and Number:

Fall 2010

Crossgates Members: \$79.00

Non-members: \$109.00

*Swim fees include swimming as much or as little as you would like.
(Coach Cece recommends swimming at least 2 days a week.)*

Paid by:

Check #/amt _____ or Cash/amt _____ or Charge _____ Date pd _____

After completing the registration form in full - turn over take a minute to read and sign. Turn in form with your payment at the front desk of Cross Gates Family Fitness Military rd or Pontchartrain locations.

Thank you and Coach Cece looks forward to seeing you in the pool!