



**C y'all Masters at Crossgates Family Fitness
Adult Swim Fitness Program Registration Form
SESSION 2: Monday, February 22, 2010**

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:

Monday, January 11 – Saturday, April 3, 2010

Crossgates Members: \$60.00

Non-members: \$80.00

*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 Crossgates,
Military rd or Pontchartrain locations.**

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