

Windber Community Building Fitness Program

Discount Card Application

Name: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

_____ Discount Card: Buy 12 classes (Class Valued at \$5.00) for \$50.00

_____ Discount Card (Buy 12 classes (Valued at \$5.00) for \$50.00) as a Gift
(If you are choosing to give this as a gift to a person, please fill out the top with the recipient's information and then Print and Sign your name at the bottom of this form. We will then have the recipient sign this form once they are given the gift)

*****Package includes all classes held at the Windber CB Fitness Program*****

- ❖ Unwind & Flow: Yoga with Renee
- ❖ POUND: Rockout Workout with Emily
 - ❖ Kickin' It with Carly
 - ❖ Zumba with Lisa D.
- ❖ CYCLE & SWEAT with Lex
- ❖ CYC FITNESS with Lisa B.

Please fill out all parts of this application and return to your Fitness Instructor or to Matt Grohal, Director. (If he is not in, slide under his door in Windber CB Lobby). We will then create the card for you and get it back to you at the next class you attend.

Cancellation Policy

Reservations can be cancelled 6 hours prior to class start time without penalty. Cancellations or No Shows made less than 6 hours before class start time will be asked to pay the \$5 at the following class, over the phone, or can pay directly through the SignUp.com site.

Please register for class at <https://signup.com/go/dfrZOKS>. If you are new to class, please arrive 15-20 minutes prior to class to get set up properly in class and to get a quick instruction on the class. Please have your Fitness Instructor punch your card before or after any class you attend. We will keep a log of your classes attended.

I hereby waive and release any and all rights and claims for myself, my heirs, executors and administrators this enrollee may have against the Windber Borough, Windber Recreation and the Windber Community Building or any of its representatives, agents, and successors for any and all injuries that the participant or anyone enrolled under my sponsorship may suffer in connection with his/her participation in any and all activities. I understand that myself, my child, or anyone under my sponsorship participates at his/her own risk and that I have insurance that will cover any injuries that he/she/myself may incur.

Name: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Amount: _____ Payment Type: _____

Processed By: _____ Discount Card # _____

Additional Comments: _____