

WROC Winter 2010 Registration

All participants in all programs must sign and return the *entire* registration form.

Name of participant: _____ Age, if under 18: _____

Name of parent if participant is under 18: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Westminster Church Member

Non-member

Activity Registration

CUT ALONG DOTTED LINE

	<u>Cost</u>	<u>Amt. Paid</u>
Li'l WROCers (page 4)		
BOZ the Bear Winter Program		
Session I	\$ 55	_____
Session II	\$ 55	_____
Special Interests for Parents (pages 4 - 5)		
Hope and Help for the Single Mom	\$ 10	_____
Infant Massage		
Session I	\$ 60	_____
Session II	\$ 60	_____
Whole Foods = Whole Kids	\$ 25	_____
WROC-A-Bye	\$ 8	_____
Men WROC (page 6)		
Raising a Modern Day Knight	\$ 35	_____
Uncommon	\$ 27	_____
Women WROC (page 7)		
Busy Women's Bible Study		
Book and workbook	\$ 22	_____
Workbook only	\$ 8	_____
Daniel by Beth Moore	\$ 16	_____
Paradoxes for Living	\$ 20	_____
55+ Excursions (page 9)		
Carnegie Museum	\$ 20	_____
CLO Cabaret	\$ 51	_____
Cirque de la Symphonie	\$ 49	_____
Westminster Cares (page 10)		
Prayer Shawl Ministry	\$ 20	_____
Spiritual Direction (page 11)		
Group Spiritual Direction	\$ 30	_____
Special Interests (page 12)		
PAWSitive Reading Club	Free	_____
Taxes for Dummies	Free	_____
Special Interests for Couples (page 13)		
Ballroom Dancing	\$ 100	_____
Love and Respect	\$ 30	_____
Love and Respect Package	\$ 115	_____
Putting Two Households Together	\$ 17	_____
WROC Seminars (pages 14 - 15)		
Babies and More	\$ 35	_____
Fresh Start Morning	\$ 35	_____
Total column A:	\$	_____

Health & Athletics (pages 16 - 21)

	<u>Cost</u>	<u>Amt. Paid</u>
Adult Open Volleyball	\$ 25	_____
Benefits of a Whole Food Diet	\$ 35	_____
Cardio-Sculpt	\$ 170	_____
Drop In & Work Out	\$ 184	_____
First Place 4 Health		
Book	\$ 15	_____
Member Kit	\$ 90	_____
Fitness Yoga	\$ 64	_____
M-W-F Morning Aerobics	\$ 192	_____
Men's Open Basketball	\$ 25	_____
Personal Training		
Private Session	\$ 40	_____
Semi-Private Session	\$ 25	_____
PraiseMoves® Yoga	\$ 64	_____
Resistance Training	\$ 136	_____
Step and Sculpt	\$ 66	_____
Strength-Sculpt-Stretch	\$ 124	_____
Total Body Blast		
2 days per week	\$ 120	_____
3 days per week	\$ 180	_____
WROC Walk	\$ 124	_____
Yoga	\$ 64	_____
Zumba		
Tuesday	\$ 68	_____
Thursday	\$ 68	_____
Tuesday & Thursday	\$ 136	_____
Saturday	\$ 56	_____

Creative Expression (page 22)

Intro to Hand Spinning	\$ 45	_____
Hand Spinning I	\$ 45	_____
Hand Spinning II	\$ 45	_____

Creative Expression

for Special Needs (pages 23 - 24)

Cooking Café Style	\$ 50	_____
Movie Night	\$ 6	_____
Music and Line Dancing	\$ 50	_____

Total column B: **\$** _____

Please complete information on back.

Please return this form with checks made payable to: **WROC**
Westminster Presbyterian Church, c/o WROC, 2040 Washington Road, Pittsburgh, PA 15241

WROC Winter 2010 Registration

Additional registration forms can be downloaded from our website: www.westminster-church.org/wroc.htm

Medical History

Please list any medical conditions or physical limitations you have.

Child Care Registration (Please check specific class for availability.)

<u>Child's Name</u>	<u>Child's Age/Comments</u>	<u>Activity Fee</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
		Total Child Care Cost: <hr/>

Consent, Release, and Indemnity

I understand that participation in any of the WROC programming can present a risk of harm to the participant and that I have a personal responsibility for assuming any and all medical, hospital, and related expenses that may result from my own or my children's participation in any of the Recreation Center's programs.

I presently have satisfactory insurance coverage with:

Name of Insurance Carrier

Policy Number

I hereby release Westminster Presbyterian Church, affiliated and sponsored organizations, and its personnel, and agree to indemnify and hold harmless the church and its personnel from and against any liability of any nature whatsoever for any injury to myself and/or my son or daughter resulting or arising in any way from my/his/her participation in any programs offered through WROC Ministries.

Name (Parent/Guardian if under 18)

Signature (Parent/Guardian if under 18)

Date

Total from column A (front)	\$	<hr/>
Total from column B (front)	\$	<hr/>
Total from Child Care (above)	\$	<hr/>
Total amount paid	\$	<hr/>
Check Number:		<hr/>

Please return this form with checks made payable to: **WROC**
Westminster Presbyterian Church, c/o WROC, 2040 Washington Road, Pittsburgh, PA 15241

CUT AT DOTTED LINE