



2010 - 2011 SMAPA REGISTRATION FORM

14 South Park Street, Montclair, NJ 07042 www.smapa.org Tel: 973-655-9819 Fax: 973-655-9829

Student's Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Cell _____ E-mail _____

For Minors: Age _____ Sex _____ Date of Birth ____/____/____ Grade _____

SEMESTER CLASSES (Ages 2-18)

- \$275.00 per course per semester (16 weeks)
- SENIOR EXERCISE** \$75.00 per semester

ADULT CLASSES

- \$18.00 - Single Class
- \$150.00 - 10 Class Card
- \$250.00 - 20 Class Card

Class : _____ Day/Time: _____ Fee: _____

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Registration Fee: _____

Processing Fee: _____

Total: _____

- A one time only non refundable registration fee of \$25.00 is required of *NEW* students
- A \$10.00 processing fee is required of *RETURNING* students
- Class Cards expire 12 weeks after first use. Extensions are available at \$10.00 per two weeks

Photo Release: SMAPA, Inc. has permission to use photo/videos taken for publicity.

Signature

Date

Parent / Guardian's name (please print)

The above named person (or guardian of same) does hereby give approval to participate in any and all activities and assumes all risks and hazards incidental to the conduct of the activities including transportation to and from activities if necessary; and do further hereby release, absolve, indemnify & hold harmless SMAPA, the organizers, the sponsors or any of the supervisors appointed by them. Certified birth certificates will furnished upon request. In order to meet all legal requirements, the above named person (or guardian of same) gives consent for any and all necessary emergency medical care as such arises. It is advisable to consult your doctor before participating in any type of aerobic program.

CHECK ENCLOSED PAYABLE TO: SMAPA

BILL MY CREDIT CARD: Discover MC Visa *Charges only accepted for \$20.00 or more.

Credit Card #

Exp. Date

Security Code

SMAPA, Inc. Is A Not For Profit Tax Exempt Organization