

14 S. Park St. Montclair, NJ 07042 |973-655-9819|Fax:973-655-9829|smapa.org| info@smapa.org

**Adult Registration Form**

**Please Print All Information**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Classes**

 \_\_\_\_ $20.00 - Single Class

 ­­ \_\_\_\_ $95.00 - 5 Class Card^

\_\_\_\_ $165.00 - 10 Class Card\*

\_\_\_\_ $275.00 - 20 Class Card\*

^Expires 6 weeks after 1st use

\*Expires 12 weeks after 1st use

**AM / Senior Exercise 65+**

Tuesday & Thursday 10:15-11:15

**18 Week Session**

 \_*\_\_\_\_*Special rate for this class only

 Fee: $75.00 per session

 \_\_\_\_\_ $5.00 - Single Class

**PROFESSIONAL RATE**

 (Applies to seniors 65+ with current ID AEA, SAG/AFTRA)

\_\_\_\_ $15.00 - Single Class

\_\_\_\_$140.00 - 10 Class Card\*

\_\_\_\_$230.00 - 20 Class Card\*

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For all Adult Students, a non-refundable, $25.00 annual registration fee is required**. Registration Fee: \_\_\_\_\_\_\_\_\_

Extensions available at $10.00 per two weeks. Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Classes with less than 3 students on a weekly basis, may be cancelled. Please call to confirm 973-655-9819

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

By signing 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 the activities if necessary; and do further release, absolve, indemnify & hold harmless SMAPA, the organizers, the sponsors or any of the supervisors appointed by them. 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 and Payable to SMAPA, Bill My Credit Card: \_\_Discover \_\_MC \_\_ Visa \_\_ Amex

Credit card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_ Security code \_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_