

Aerobic Center Indoor Pool

updated 9/1/10

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
5:30-9:25 Lap/Rec.	5:30-9:25 Lap/Rec.	5:30-9:25 Lap/Rec.	5:30-9:25 Lap/Rec.	5:30-9:25 Lap/Rec.	7:00-9:25 Lap/Rec.	7:00-1:00 Lap/Rec.		
9:30 Extreme Workout	9:30 Ultimate Intervals	9:30 Aqua Fusion	9:30 Aqua Strength	9:30 Splash Surprise	9:30 Ultimate Intervals			
10:30 Sea Stride	10:30 Arthritis Class	10:30 Silver Splash	10:30 Arthritis Class	10:30 Sea Stride	10:30 Arthritis Class			
11:30-3:00 Aquatic Therapy & Lap/Rec.	11:30-1:00 Aquatic Therapy & Lap/Rec.	11:30-3:00 Aquatic Therapy & Lap/Rec.	11:30-1:00 Aquatic Therapy & Lap/Rec.	11:30-3:00 Aquatic Therapy & Lap/Rec.	11:30-2:00 Lap/Rec.			
3:00-5:25 Lap/Rec.	1:00-5:25 Lap/Rec.	3:00-8:55 Lap/Rec.	1:00-5:25 Lap/Rec.	3:00-4:55 Lap/Rec.	2:00-2:55 Family Swim NO LAP SWIMMING	1:00-2:55 Family Swim NO LAP SWIMMING		
5:30 Extreme Workout	5:30 Circuit Training		5:30 Splash Surprise	5:00-6:55 Family Swim	Pool Closes 3:00	Pool Closes 3:00		
6:30-8:55 Lap/Rec.	6:30 Aqua Strength		6:30-8:55 Lap/Rec.	NO LAP SWIMMING	Pool Closes 7:00	Annual Maintenance Shutdown is scheduled for May 2011.		
	7:30-8:55 Lap/Rec.							
Pool Closes 9:00	Pool Closes 9:00	Pool Closes 9:00	Pool Closes 9:00					

Upcoming Programs at the pool:

NHS School for Autism will be renting the pool on Thursdays from 1:00-2:00pm starting September 9th. There will be no Lap/Rec. Swim during these times.

The **Aerobic Center Kids Fit** will be using the pool on Thursdays from 4-5p.m starting September 23rd. There will be no Lap/Rec. Swim during these times.

Group Swim Lessons start on Saturday, September 25th from 11:30-2:00pm. There will be limited pool space during these times.

To register for upcoming programs simply print out the registration form below for the specific program desired, complete it and mail it with your payment to:

**The Aerobic Center
526 New Alexandria Road
Greensburg, PA 15601**

Please make sure to include you driver's license number on your check. Credit card and cash payments can be made in person at The Aerobic Center.

LAP/REC.- Swim laps and/or stationary exercise. Includes unlimited lap swimming during specified times, use of lockers, and shower room facilities.

AQUA THERAPY- attendance must be pre-authorized through Excelsa Health at Westmoreland (724) 832-4985 or through Patriot Physical Therapy at (724) 219-3027. During **Aquatic Therapy** there will be limited pool space and only 2 Lap Lanes available for exercising.

FAMILY SWIM- A fun time for families with children. Available to families with children 6 months of age or older. One adult must accompany every 2 children. Absolutely no lanes will be available for lap swimming. (Children under the age of 12 years may use the pool during lap swim times for exercise purposes ONLY and must be accompanied by an adult.)

Per visit \$5.00/ adult (12 or older)
 \$2.00/each child

PRIVATE SWIM LESSONS

Learn to Swim, improve swim strokes, correct breathing technique, or improve competitive strokes

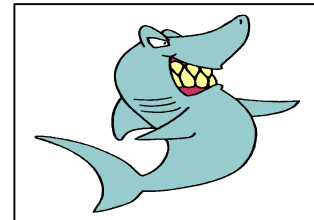
Instructors are all Certified &/or experienced

Indoor warm water pool

One-to-one attention

3 ½ feet to 5 ½ feet deep

Lessons are ½ hour in duration (by appointment ONLY)



Member rate: \$25.00 per lesson or \$95.00 for 4 lessons

Must be paid in full and all appointments must be scheduled at the time of payment.

Must be a CURRENT member.

Non-member rate: \$35.00 per lesson or \$135.00 for 4 lessons

Must be paid in full and all lessons must be scheduled at the time of payment.

All appointments must be scheduled within two months of purchase date.

GROUP SWIM LESSONS

All sessions include 8 classes. See registration form for class days and times.

All registration and payment must be received at least two weeks prior to the start date. Any mail-in registration received after two weeks before the start date will not be accepted.

Lessons are subject to cancellation if the minimum number of 5 participants is not met. A full refund will be submitted if this occurs.

FEES: Aerobic Center members: \$50.00
Non-members: \$70.00

Water Awareness INFANT & TODDLER (6 months-36 mo.)

*Parent must accompany child in the water.

Infant must wear plastic pants or swimmer diaper.

Games and songs while learning to swim.

Primary Skills LEVEL I (Ages 3-5)

Ready to swim, beginner swimmers.

Learn basic swimming skills.

Stroke Readiness LEVEL II (Ages 5-6)

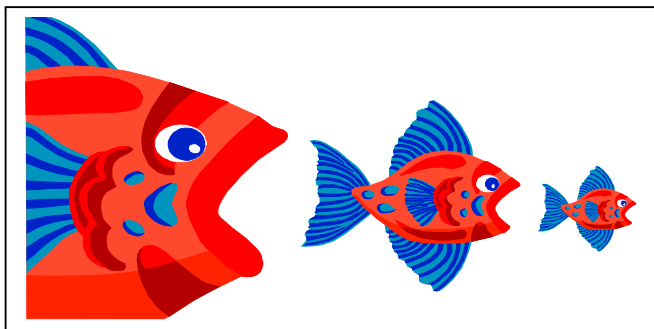
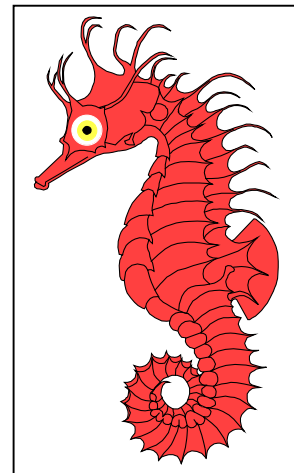
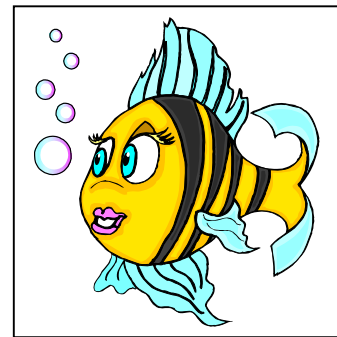
Learn beginner strokes and water safety.

Stroke Development LEVEL III (Ages 5-6)

Learn stroke techniques.

Stroke Refinement LEVEL IV (Ages 7 and up)

All swim strokes refined.



Autumn SWIM LESSON REGISTRATION FORM

Child's Name: _____

Age: _____

Parent's Name: _____

Phone: _____

Address: _____

Email: _____

City State Zip

Amount Paid: _____

Receipt number: _____

Aerobic Center Members \$50.00

Member # _____

Choose a *Fall* session and choose a level.

__ Saturdays, September 25- November 13, 2010

- __ Infant & Toddler Level Water Awareness
- __ Level I Primary Skills
- __ Level II-III Stroke Readiness and Development
- __ Level IV Stroke Refinement

Registration deadline 9/10/10

- 11:30-12:00 p.m.
- 12:00-12:30 p.m.
- 12:30-1:00 p.m.
- 1:00-2:00 p.m.

__ Mondays & Wednesdays, October 4-27, 2010

- __ Infant & Toddler Level Water Awareness
- __ Level I Primary Skills
- __ Level II-III-IV Stroke Readiness, Development and Refinement

Registration deadline 9/20/10

- 4:30-5:00 p.m.
- 5:00-5:30 p.m.
- 6:30-7:30 p.m.

Skills are evaluated at the first class to determine if your child is placed in the appropriate class level.

Any mail-in registration received after the registration deadline will not be accepted.

Lessons are subject to cancellation if the minimum number of 5 participants is not met. A full refund will be submitted if this occurs.

SWIM LESSON RELEASE AND AGREEMENT

I fully understand that the swim lessons for my child requires moderate physical activity and hereby represent and acknowledge that his/ her physical condition permits him/her to participate in the swim lesson session. I further realize that all monies collected for this program are **non-refundable and non-transferable** for any reason, except in the event that the Aerobic Center cancels the program. I also release and discharge all instructors, lifeguards, supervisors and directors from any and all claims, damages, demands and liabilities arising out of or in any way related to participation in the group swim lessons.

Signature

Date

Kidz Fit

Includes indoor activities, swimming, games, sports,

Yoga, and tons of fun.

Fun for boys and girls.

Great for HomeSchool students.

Developed and coordinated with the

Highmark SPARKS program.

September 23- October 28, 2010

Thursdays 1-3pm

Ages 6-10

\$50.00

The Aerobic Center

Rt. 119 North, Lynch Field
Greensburg, PA 15601
724-834-2153

Space is limited to the first 30. Must register and pay by 9/1/10

Kidz Fit Registration

September 23- October 28, 2010 Thursdays 1-3pm Ages 6-10

Child's Name: _____ Age: _____ Parent's Name: _____

Address: _____ Phone: _____

_____ Emergency Contact: _____

City State Zip Email: _____

All registration and payment must be received by 9/1/10. Any mail-in registration received after 9/1/10 will not be accepted.

RELEASE AND AGREEMENT

I hereby agree that use of the facilities or participation in any program offered by or conducted at the Aerobic Center is at my sole and exclusive risk. I hereby release the Aerobic Center Municipal Authority, its board members, agents and employees from all claims, demands, costs and expenses resulting in personal injury or death caused by accident, use of equipment or facilities of the Aerobic Center or participation in any program offered or conducted by the Aerobic Center or caused by failure to give proper first aid, Cardiopulmonary Resuscitation, or other medical or paramedical assistance in the event of illness or injury to the undersigned. I understand and agree to observe all rules and guidelines set forth by the management of the Aerobic Center.


I further realize that all monies collected for this program are non-refundable and non-transferable. Kidz Fit is subject to cancellation if the minimum number of 15 participants is not met. A full refund will be issued if this occurs.

I fully understand that the Kidz Fit Program requires moderate activity, and hereby represent and acknowledge that my child's physical condition permits him/her to participate in the Kidz Fit Program.

Signature

Date

Office Use	
Amount paid	_____
Date	_____
Receipt #	_____



Adaptive Exercise
*A fun water exercise class for
 people with special needs.
 Enjoy an hour of water games and fitness.
 Wednesdays 5:30-6:30pm.
 See registration form for dates and fees.
 Call Rachel for details.*
*An aid may accompany individual in the water.
 A minimum of 10 participants is required or session will be canceled.*

Participant's Name: _____ Age: _____

Address: _____ Phone: _____

 City State Zip

Amount Paid: _____

Receipt number: _____

Guardian's Name: _____ Aid/ Caregiver's Name: _____

Wednesdays, October 6- November 17, 2010

5:30-6:30pm

\$35.00

Registration deadline is October 1, 2010.

Participants may pay per class at a fee of \$7.00/class. You must still register for the class(s) two weeks in advance.

Please know that if the participant needs assistance in the water or in the locker room facilities, an aid is required to attend and possibly participate in the session. The Aerobic Center is not responsible for assisting individuals in the locker rooms.

Sessions are subject to cancellation if the minimum number of 10 participants is not met. A full refund will be submitted if this occurs.

RELEASE AND AGREEMENT

I fully understand that the Adaptive Exercise program requires moderate physical activity and hereby represent and acknowledge that my physical condition permits me to participate in the Adaptive Exercise program. I further realize that all monies collected for this program are **non-refundable and non-transferable** for any reason, except in the event that the Aerobic Center cancels the program. I also release and discharge all instructors, lifeguards and supervisors and directors from any and all claims, damages, demands and liabilities arising out of or in any way related to participation in the Adaptive Exercise program.

 Participant's Signature

 Aid's Signature

 Date

 **AMERICAN RED CROSS
LIFEGUARD
CERTIFICATION**

**The
Aerobic
Center**
Lynch Field ★ Greensburg, PA
(724) 834-2153

April 30- May 22, 2011
Saturdays & Sundays 7-11am.
COST: \$250.00

UPDATED COURSE includes: CPR/AED for the professional rescuer, community first aid, and lifeguarding.

Current lifeguards can review and re-certify on **May 14, 2011.**

***9:00-1:00pm Lifeguard challenge (includes CPR/AED) \$45.00**

***9:00-11:00am CPR/AED challenge \$25.00**

Requirements: 15 years of age, must be able to tread water, swim 300 yards, surface dive to the bottom of 7ft., swim front crawl, backstroke, breaststroke, sidestroke, and elementary backstroke.

CLASS IS LIMITED. Must sign-up and pay by April 15, 2011.

A minimum of six participants is required to hold the class.
In the event the minimum is not met, the class will be canceled.

American Red Cross Registration

Name _____ Male or Female _____
Address _____ Phone _____
City/State _____ Age _____

Select a course

American Red Cross **Lifeguard course \$250.00** _____
Includes First-Aid, CPR/ AED for the Professional Rescuer
7:00-11:00a.m. Saturdays and Sundays, April 30- May 22, 2011

American Red Cross **Lifeguard Challenge (includes CPR/AED)\$45.00** _____
Must have a current certification
9:00 a.m.-1:00 p.m. Saturday, May 14, 2011

American Red Cross **CPR/AED for Professional Rescuer Challenge \$25.00** _____
Must have a current certification
9:00-11:00a.m. Saturday, May 14, 2011

Total due _____

Registration deadline for all courses is April 15, 2011.

There will be a \$20.00 processing fee on all refunds.

All cancellations must be made before the first class.

You may not receive your certification cards for 8-10 business days after completion of course.

All certifications are dependent on course completion and passing the course.

I fully understand that the lifeguard certification requires physical activity, and hereby represent and acknowledge that my physical condition permits me to participate in the thirty-hour course. I also release and discharge all instructors, lifeguards, supervisors, and directors from any and all claims, damages, demands and liabilities arising out of or any way related to participation in the lifeguard certification.

Signature _____ Date _____

Office Use: Amount Paid \$ _____ Receipt # _____

Schedule and pay for your 2011 party now,
before the New Year rolls around and save \$25.00!
Deadline to get the \$175.00 price is 12/31/10.



Plan your special event at:

**The
Aerobic
Center**

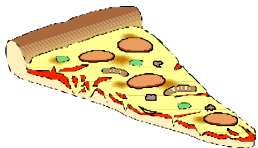
Rt. 119 North, Lynch Field
Greensburg, PA 15601
724-834-2153

INDOOR POOL

The pool temperature is kept at a warm 86°. We have plenty of room (60' x 24') to accommodate up to 20 people. Water depth (3½' - 5½') is perfect for water volleyball and other water games. Two lifeguards will be provided for your safety. We host birthday parties, boy/girl scout outings, anniversaries, church functions, etc.

Price: \$175.00

includes 4 large pizzas from



Royal Pizza House

**Pool Rental Times: Saturdays 3-5 pm
Sundays 3-5 pm**

Contact the Aquatic Director for available dates.