

*Aerobics Registration  
Summer 2008*

NAME \_\_\_\_\_

PERSON NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STATUS:   \_\_\_ Student           \_\_\_ Faculty/Staff  
          \_\_\_ Alumni           \_\_\_ Community

CAMPUS ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

PROGRAM:    Aerobics/UBiking - Session I - \$20.00  
               Aerobics/UBiking - Session II - \$20.00

AMOUNT ENCLOSED \$ \_\_\_\_\_

Cash    Check # \_\_\_\_\_    Campus Cash    Charge  
 waiver/assumption of risk form completed

*This program is offered to healthy persons. It should not be construed as having curing effects nor should it be used as a source of therapy for any medical condition without first obtaining clearance from a physician. A waiver/assumption of risk form must be completed at the time of registration. I also understand and agree to the refund policy which applies to the fee-based programs.*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PAYMENT MUST BE ENCLOSED**  
Return to: Recreation & Intramural Services  
University at Buffalo, 130 Alumni Arena  
Buffalo, New York 14260-5000

A 50 percent refund will be given if withdrawal occurs prior to the second meeting of the program, after which no refund will be given.

**OFFICIAL USE**

**I - Aerobic/UBiking Card # \_\_\_\_\_**

**II - Aerobic/UBiking Card # \_\_\_\_\_**

**Receipt # \_\_\_\_\_ R&I Staff Initials \_\_\_\_\_**