

2021

LIFECENTER PLUS PRESENTS

ABLE RECREATION



Creating opportunities for all abilities, one activity at a time!

ABLE Recreation is a program for those with both cognitive and/or physical disabilities to have access to programs that are typically unavailable in the surrounding communities. ABLE will create a safe and adaptive environment for the expansion of our SPLASH program to land courses. Targeted for adults 25 years and older, ABLE is designed to introduce and cultivate activities such as strength/group training, dance cardio, and nutrition, among others. The goal of ABLE Recreation is to create an equal opportunity for those who have historically had less access and funding to programs.

PRICING

| | |
|---------------------------------------|----------------------|
| LCP MEMBER &/OR SPLASH PARTICIPANT | \$100/SESSION |
| NONMEMBER | \$125/SESSION |
| DROP-IN RATES AVAILABLE! | |
| LCP MEMBER &/OR SPLASH PARTICIPANT | \$25/DAY |
| NONMEMBER | \$28/DAY |

WINTER SESSION

FEBRUARY 2ND - MARCH 25TH

- TUESDAY 6:00-7:00pm | CODE: ABL21201
- TUESDAY 7:00-8:00pm | CODE: ABL21202
- THURSDAY 6:00-7:00pm | CODE: ABL21203
- THURSDAY 7:00-8:00pm | CODE: ABL21204

REGISTER NOW!

FILL OUT THE BACKSIDE OF THIS FLYER FOR OUR REGISTRATION FORM. DROP OFF IN-PERSON AT LCP OR SEND VIA EMAIL ADDRESS BELOW!

Questions? Gina Symsek, Ph.D. has an extensive background in developing inclusion programs. She has over 30 years in the field of education and has developed and implemented inclusion programs to provide children with disabilities with opportunities to participate in leisure activities with their peers. For any questions on our ABLE Recreation programs, please us at FitFriends@LifeCenterPlus.com.



Registration Form

PLEASE PRINT CLEARLY (Form may be duplicated, only same family members on form).
Form must be complete in order for us to process and hold your spot.

Primary Contact (Adult)

FIRST NAME _____ LAST NAME _____
ADDRESS _____ GENDER (circle) M F
CITY _____ ZIP _____ EMAIL _____
PRIMARY PHONE (____) _____ ALTERNATE PHONE (____) _____

Activity Registration

| PARTICIPANT NAME First & Last | BIRTHDATE (mm/dd/yy) | GENDER (circle) | PROGRAM CODE | PROGRAM NAME | PROGRAM DATE/TIME | FEE |
|----------------------------------|-------------------------|--------------------|-----------------|-----------------|----------------------|-----|
| | | M F | | | | |
| | | M F | | | | |
| | | M F | | | | |
| | | M F | | | | |

REFERRAL — How did you hear about the program(s)?

WEBSITE EMAIL SOCIAL MEDIA MAILING FAMILY/FRIEND (please list): _____

IF YOU HAVE A DISABILITY AND NEED SPECIAL ASSISTANCE, PLEASE CALL (330) 655-2377

TOTAL FEES \$ _____

Payment

Credit Card   Check (payable to "LifeCenter Plus") Cash (walk-in only) House Charge (available to Members only)

NAME ON CREDIT CARD (billing address for credit card must match address listed above)

CREDIT CARD NUMBER (all 16-digits)

EXPIRATION DATE (MM/YY)

SIGNATURE: _____

Photo/Video Release: I agree to allow the use of my photograph or my child's photograph for program publicity. If you would like to opt-out of the photo release, please contact fitfriends@lifecenterplus.com. **Waiver & Release of Liability:** In consideration of my participation, I hereby release, discharge and covenant not-to-sue LifeCenter Plus, their officers, employees and volunteers, from any and all present and future claims, demands, actions, or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my/our participation in the above activity (ies) (except for claims legally caused by the sole negligence or willful misconduct of LifeCenter Plus or others listed above). I hereby voluntarily waive any and all claims resulting from ordinary negligence, present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that this activity may involve certain risks or possible dangers, including death, and that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further agree to indemnify and hold harmless LifeCenter Plus and other listed above for any and all claims arising as a result of my engaging in this activity. I understand that this waiver will continue in full legal force and effect. I further agree the venue for any legal proceedings shall be in Ohio. I affirm I am of legal age and am freely signing this document (If participants is under 18 years of age, a parent/guardian must also sign this waiver). I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which shall be available to me against LifeCenter Plus and any of the parties listed above. LifeCenter Plus is not responsible for lost or stolen articles. *Late Fees. To ensure the best availability of our programs, participants are encouraged to register as early as possible. It is to the participant's advantage to register early in some cases to ensure a better choice of session date and time. A late fee of \$10 will be applied to all registrations received 3 (three) or less days prior to a program start date. **Refunds and Cancellations:** Should you wish to cancel a registration, you must give the registration department 48 hours' notice—two business days to receive a full refund. Voicemail messages are NOT accepted. LifeCenter Plus requires ten business days for Summer Camp cancellations. After this time and once summer camp has started, there are no refunds, no exceptions. There are no refunds given once classes have begun, including any classes that require prerequisites being met (if participant fails a program with a prerequisite, a refund for the class is not guaranteed). If you have paid for a class that gets cancelled, we will issue you a refund in the same manner to which it was paid (exception will be cash registrations that qualify for a refund will be issued in the form of a check). In acceptance of registration (must be signed prior to participation in class):

Signature: _____ Date: _____

Office Use Only Date: _____ Amount Rec'd: _____ MOP: Cash Check# _____ House MC Visa