



Dear AbilityFirst Swimmer:

Thank you for choosing the AbilityFirst Aquatics Program!

Please read the following information carefully:

REGISTRATION: The following forms must be submitted prior to your first day of class:

- a) Completed Aquatics Registration Form.
- b) Completed Aquatics Participant Release Form.
- c) Signed Physician's Release Form. (Note - we **cannot** accept prescriptions!)

ANNUAL UPDATES: Everyone participating in aquatic classes **MUST** update their Physician's Release Form **EVERY YEAR** and pay an \$25.00 annual processing fee.

PAYMENT: New swimmers must pay a processing fee of \$25.00 and purchase a Single Swim entry or a monthly Swim Card from the front desk. Monthly Swim Cards are to be purchased for a specific calendar month and must be used during that month.

NO refunds will be given for unused classes and classes are non-transferable.

The Aquatics staff will keep your card on deck and keep track of your attendance.

Swim Card fees: \$ 5.00 for a Single Swim entry
 \$30.00 for a monthly Swim Card good for 8 swim classes
 \$40.00 for a monthly Swim Card good for 12 swim classes
 \$65.00 for a monthly Swim Card good for unlimited usage

PAYMENTS MAY BE MADE BY CHECK OR CASH, BUT CHECKS ARE PREFERRED.

If you are unable to pay the above fees, speak with the Center Director regarding reduced rates. A separate Aquatics Scholarship Application will be required.

ABSENCE OR ILLNESS: It is not necessary to call if you will be missing a class or two. However, if you are absent for longer than three (3) months, are recovering from a long illness, or have undergone new surgery, you must submit a new Physician's Release Form **BEFORE** participating in class again.

CLASS CANCELLATION: In the event we need to cancel a scheduled class, we will attempt to notify you in advance. You will be given a swim credit if your class is canceled.

Cancellations usually occur for one of the following reasons:

- 1) Attendance – no participants have arrived by 10 minutes after the class start time.
- 2) Hazards – this includes maintenance of chemicals, temperature, etc. We apologize in advance and ask for your patience. We assure you, every attempt will be made to re-open as soon as safely possible.

WHAT TO BRING: Please bring your own towel. One-piece bathing suits are preferred and bikini bathing suits are not allowed. Water shoes and swim caps are optional.

PERSONAL BELONGINGS: AbilityFirst does NOT have lockers available for your use. Please do not bring valuables to class. AbilityFirst is NOT responsible for the loss or damage of any of your personal belongings.

The AbilityFirst Aquatic staff is here to ensure your overall health and safety. Your cooperation in following their instructions is necessary and appreciated. If you have any problems or concerns, please see the Aquatics Coordinator at the end of class. We will try to resolve any issues as quickly and as professionally as possible. Please keep in mind that we do reserve the right to refuse service.

AbilityFirst is a non-profit organization and we rely a great deal on donations and other support to keep our programs in operation. If you would like to make a donation, become a volunteer, or get information on other services we offer, please see our Aquatics Coordinator or Center Director.

*Thank you for your participation and interest in AbilityFirst.
We look forward to providing you with a quality and fun Aquatics program!
Welcome!*



Aquatics Registration Form

- NEW
 RENEWAL *(Please Print Clearly in Black or Blue Ink)*

Swimmer's Name: _____

Date of Birth: _____ Phone Number: () _____

Address/City/Zip: _____

Mailing Address: _____
(If different from above)

Insurance Provider: _____ Insurance Policy Number: _____

Parent/Spouse: _____ Phone Number: () _____
(Please circle one)

Address/City/Zip: _____
(If different from above)

Employer: _____ Phone Number: () _____

Address/City/Zip: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Phone Number () _____

Relationship to Swimmer: _____

Name: _____ Phone Number () _____

Relationship to Swimmer: _____

For Office Use Only:

CLIENT ENROLLMENT DATE: _____ MEDICAL UPDATE DUE: _____

ANNUAL PROCESSING FEE DUE: _____



Aquatics Participant Release Form

Print Name: _____
Last First Middle Initial

By signing this form, I understand and agree that AbilityFirst neither has nor will assume any financial responsibility or liability for medical expense or compensation for any injury I may suffer either during or resulting from participation in the activities at the AbilityFirst pool and/or Center.

Signature

Date



Physician's Release Form

THIS PAGE TO BE COMPLETED BY THE CLIENT'S PHYSICIAN ONLY

Referring Physician: _____

Physician's Identification #: _____ Phone Number: () _____

Address/City/Zip: _____

Patient Name: _____

Primary Medical Diagnosis: _____

Secondary Diagnosis or other Medical Conditions (please include joint replacements, pace-makers, etc.):

Current Medications Prescribed: _____

Does Patient Have Seizures? Yes No

If yes, please describe: _____

Does Patient Have Allergies? Yes No

If yes, please list: _____

I certify that I examined the above patient on _____ and found that he/she would benefit from the class marked below: (date)

- ARTHRITIS EXERCISE:** *This class takes place in water heated to 88 degrees. Trained personnel lead participants through a series of specially designed exercises which improve joint flexibility. The warm water and gentle movements relieve pain and stiffness.*

This patient may attend class _____ times per week.

Physician's Signature: _____ Date: _____

- WATER EXERCISE CLASS:** *This class uses the natural resistance of the water to develop muscle tone, strength, flexibility and endurance while minimizing trauma to the weight-bearing joints. The class is fast-paced and very social. It is approximately 50 minutes long.*

This patient may attend class _____ times per week.

Physician's Signature: _____ Date: _____