



## Harry A. Mier Center Pool Schedule and Fees

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>9:00-10:00am</b>	Open Swim	Open Swim	Open Swim	Open Swim	Open Swim
<b>10:00-11:00am</b>	Move It or Lose It Class	Water Exercise Class	Move It or Lose It Class	Water Exercise Class	Move It or Lose It Class
<b>11:00-12:00pm</b>	Water Exercise Class		Water Exercise Class		Water Exercise Class
<b>1:00-2:00pm</b>		Move It or Lose It Class		Move It or Lose It Class	
<b>4:00-4:45pm</b>		Group Swim Lessons	*Group Swim Lessons	Group Swim Lessons	
<b>5:00-5:45pm</b>		Group Swim Lessons	Group Swim Lessons	Group Swim Lessons	
<b>6:15-7:15pm</b>		Water Exercise Class	Water Exercise Class	Water Exercise Class	

### Fee Schedule

(As schedules and rates may change, we recommend calling the Center prior to your first visit.)

Private Lessons: Six 30 minute lessons \$90 per person

Group Lessons: Six 45 minute lessons \$50 per person

Open Swim and Classes: \$5 per visit with first visit free plus \$25 annual membership fee

Monthly Passes: Eight visits for \$30, Twelve visits for \$40, or unlimited visits for \$65.

Private swim lessons are available. Contact Cristina Melendrez at 323.753.3101 ext. 106 for more information.



**Community Aquatics**  
**Arthritis, Water Exercise and Spa Registration**

***Please Print Clearly in Black or Blue Ink***

- Long Beach Center: 3770 East Willow Street, Long Beach 90815      562.426.6161
- Claremont Center: 480 South Indian Hill Boulevard, Claremont 91711      909.621.4727
- Harry A. Mier Center: 8090 Crenshaw Boulevard, Inglewood 90305      323.753.3101

NEW or Renewal – please circle one

Swimmer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*if different from above*

Insurance Provider: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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Parent/Spouse: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*(Please circle one)*

Address: \_\_\_\_\_  
*(if different from above)*

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**In Case of Emergency Please Contact**

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Swimmer's Enrollment Date: \_\_\_\_\_

Medical Update Due: \_\_\_\_\_

**THIS PAGE IS TO BE COMPLETED BY THE SWIMMER'S PHYSICIAN ONLY**

Swimmer's Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Physician's Address/City/Zip: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Physician's Identification # \_\_\_\_\_

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Primary Medical Diagnosis: \_\_\_\_\_

Secondary Diagnosis or other Medical Conditions: \_\_\_\_\_  
(Please include joint replacements, pacemakers, etc.)

Current Medications Prescribed: \_\_\_\_\_

Does Patient Have Seizures? [    ] YES [    ] NO If yes, please describe: \_\_\_\_\_

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Does Patient Have Allergies? [    ] YES [    ] NO If yes, please list: \_\_\_\_\_

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I certify that I have 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 that improve joint flexibility. The warm water and gentle movements relieve pain and stiffness. This patient may attend \_\_\_\_\_ 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 and takes place in water heated to 88 degrees. It is approximately 50 minutes long, which gives participants an opportunity to relax and socialize after class is over. This patient may attend \_\_\_\_\_ times per week.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPA Release (Only at the Harry A. Mier Pool):** This spa is kept between 98 to 104 degrees.

This patient may attend \_\_\_\_\_ times per week. Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This patient may not use the spa. Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

