



Long Beach Center Pool Schedule and Fees

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-9:00am	Arthritis Swim Plus	Arthritis Swim	Arthritis Swim Plus	Arthritis Swim	Arthritis Swim Plus	
9:00-10:00am	Arthritis Swim	Arthritis Swim Plus	Arthritis Swim	Arthritis Swim Plus	Arthritis Swim	Water Exercise
10:00-11:00am	Open Swim	Open Swim	Open Swim	Open Swim	Open Swim	
11:00-12:00pm	Arthritis Swim		Arthritis Swim		Arthritis Swim	
12:00-1:00pm	Arthritis Swim Plus & Open Swim	Water Exercise	Arthritis Swim Plus & Open Swim	Water Exercise	Arthritis Swim Plus & Open Swim	
2:00-3:00pm	Arthritis Swim	Arthritis Swim		Arthritis Swim	Arthritis Swim	
5:30-6:30pm	Water Exercise	Water Exercise	Water Exercise	Water Exercise	Water Exercise	

Fee Schedule

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

\$5 for single swim

\$30 for a monthly card good for 8 swim classes

\$40 for a monthly card good for 12 swim classes

\$65 for a monthly card good for unlimited classes.

For more information contact Long Beach Center Director, Barbara Schlosser at 562.426.6161 or bschlosser@abilityfirst.org



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: _____

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

Address: _____
(if different from above)

In Case of Emergency Please Contact

Name/Relationship: _____ Phone Number: _____

Name/Relationship: _____ Phone Number: _____

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 # _____

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: _____

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

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: _____



Community Aquatics Participant Release Form

PRINT NAME: _____
Last First Middle

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.

Signature
