



Dear AbilityFirst Swimmer:

Thank-you for choosing the AbilityFirst Aquatics Program. Please read the following information carefully:

REGISTRATION: Please submit the following forms prior to or on your first day of class:

- a) Completed application (including release form)
- b) Signed physician's release (Please note – we **do not** accept prescriptions because we need to make sure your doctor is aware that the water temperature of our pool is between 88 and 90 degrees)

ANNUAL UPDATES: For your safety, please update your physician's release form EVERY YEAR or whenever your medical condition changes (i.e. new surgeries). You will also need to pay \$25.00 for an annual membership.

ABSENCE OR ILLNESS: It is not necessary to call if you will be missing a class or two. We may ask for an updated physical if you have been absent for longer than three (3) months or have changes in your medical condition.

PAYMENT: Swimmers must purchase an annual membership for \$25.00 and an attendance card.

Swim Cards fees: \$5.00 for an hour class;
\$30.00 for a monthly pass good for 8 swim classes
\$40.00 for a monthly pass good for 12 swim classes
\$65.00 for a monthly pass good for unlimited usage.

Payments may be made by cash, checks or major credit cards. Monthly passes are only good from the first through the last day of the month when they are purchased. **There are NO refunds for unused classes and classes are non-transferable.** Our Aquatics staff will keep your pass on deck and track your attendance for you.

WHAT TO BRING: Please bring appropriate swim attire, your own towel and personal toiletries. We ask that our female swimmers wear one piece suits. Water shoes and swim caps are optional.

PERSONAL BELONGINGS: Please note: 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.

CLASS CANCELLATION: In the event we need to cancel scheduled classes, we will attempt to notify you in advance. Cancellations are usually due to one of the two following reasons:

- 1) Attendance – NO one has shown up within the first 10 minutes of class
- 2) Hazards – this includes equipment or chemical issues, temperature, weather related issues (lightning, thunder) etc. We ask for your patience should it be necessary to cancel. We will re-open as soon as it is safely possible. *You will be given a swim credit if your swim class is canceled.

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 to get more information on other services that AbilityFirst offers, please see our Aquatics Coordinator or Center Director.

The AbilityFirst aquatic staff is here to ensure your overall health and safety. Your cooperation in following their instruction 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. We do reserve the right to refuse service.

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



3770 E. Willow Street, Long Beach CA 90815
(562) 426-6161 * FAX (562) 426-6148
www.abilityfirst.org



Warm Water Arthritis, Water Exercise and Spa
Registration Form

Formerly known as the Crippled Children's Society

- Long Beach Center: 3770 E. Willow Street, Long Beach, CA 90815 (562) 426-6161
- Claremont Center: 480 S. Indian Hill Blvd, Claremont, CA 91711 (909) 621-4727
- Joan & Harry A. Mier Center: 8090 Crenshaw Blvd, Inglewood, CA 90305 (323) 753-3101

NEW or Renewal – please circle one

Swimmer's Name: _____ Date of Birth: _____

Phone Number: () _____ E-mail Address: _____

Address/City/Zip: _____

Occupation: _____

Employer: _____

Employer's Address: _____

In Case of Emergency Please Contact

Name/Relationship: _____

Phone Number: _____ Cell Phone Number: _____

Name/Relationship: _____

Phone Number: _____ Cell Phone Number: _____

Community Aquatics Participant Release Form

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 AbilityFirst aquatics program.

Signature

Date

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

Swimmer's Name: _____

Referring Physician: _____

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 88-90 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 88-90 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: _____

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

R: 11/15