



## AbilityFirst Claremont Center Pool Schedule and Fees

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:30-9:30am</b>	Water Exercise	Water Exercise	Water Exercise	Water Exercise	Water Exercise
<b>9:30-10:30am</b>	Arthritis Exercise	Arthritis Exercise Plus	Arthritis Exercise	Arthritis Exercise Plus	Arthritis Exercise
<b>10:30-11:30am</b>			Arthritis Exercise		
<b>11:30-12:30pm</b>	Arthritis Exercise Plus	Water Exercise	Arthritis Exercise Plus	Water Exercise	Arthritis Exercise Plus
<b>1:30-2:30pm</b>	Water Exercise		Water Exercise		

### Fee Schedule

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

Annual Registration fee \$25 (paperwork processing)

Day Pass \$5.00

8 Classes \$30.00

12 Classes \$40.00

Unlimited \$65.00

For more information, contact Frank Meskimen, Aquatics Coordinator at 909.621.4727



**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:

\_\_\_\_\_

Current Medications Prescribed:

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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: \_\_\_\_\_

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- 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: \_\_\_\_\_

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- 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: \_\_\_\_\_

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



## Community Aquatics Participant Release Form

**PRINT NAME:**

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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

\_\_\_\_\_  
Date