

# AQUATIC PROGRAM APPLICATION

(Includes release form and diagnostic verification form)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

► **Class I am interested in:** \_\_\_\_\_ **Time:** \_\_\_\_\_

I am able to dress, shower, exit/enter pool environment without assistance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If assistance is required, I will be able to provide someone to assist me: \_\_\_\_\_ Yes \_\_\_\_\_ No

I am independent with mobility via ambulation or device for a minimum of 100 feet: \_\_\_\_\_ Yes \_\_\_\_\_ No

I am independent with toileting needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

My skin is free of open wounds, tears or rashes? \_\_\_\_\_ Yes \_\_\_\_\_ No

I am aware of the safety precautions that are required within a pool environment? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I learned about the Aquatics Program via** \_\_\_\_\_.

## Release Form

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that my participation is at my own risk. If my application for the Aquatics Program is accepted, and I am permitted to participate in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Diagnostic Verification Form – for Applicant to sign

I give permission to Dr. \_\_\_\_\_ to complete this form.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## FOR PHYSICIAN TO COMPLETE:

Your patient is interested in a warm water exercise program consisting of range-of-motion, muscle strengthening, and endurance-building activities. Persons with total joint replacements, multiple joint involvement or moderate to severe joint involvement may require individualized instruction by a physical or occupational therapist. If your patient requires this instruction, you may want to refer them to a therapist prior to participation in the program.

My patient, named above, has the following type of disease/condition: \_\_\_\_\_

Limitations/Precautions: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

**You may return the completed form via mail to Aquatic Therapy, PO Box 571207, Winston-Salem, NC 27157-1207 or**

**By Fax to: Debbie Drayton 336-713-8193**

Debbie Drayton's Office: 336-713-8190 Pool Office: 336-713-8082