



MAGNOLIA PHYSICAL THERAPY AND AQUATIC REHAB CENTER

Rules and Regulations for Aquatic Aerobic Classes/Therapy

Thank you for choosing Magnolia Physical Therapy & Aquatic Rehab Center for your aquatic therapy and physical fitness needs. In order to make your exercise session run as smoothly as possible, please review the rules and regulations below:

1. Check your email prior to coming to class. If there are any unforeseen changes or announcements, you will be informed by email.
2. Sign-in and out on the sign-up sheet in the pool area.
3. In order to make sure that you receive your full class time, we ask that you arrive at your appointment early enough to sign-in, change into your swimsuit (if needed) and enter the pool at your class time.

FOR YOUR SAFETY, DO NOT ENTER THE POOL UNTIL YOUR INSTRUCTOR/THERAPIST IS ON DECK

4. We request that all aquatic participants wear their own aquatic shoes for safety. Aquatic shoes may be purchased through our clinic.
5. Please bring your own towel and a bottle of water to stay hydrated.
6. Outside storage units are available for personal belongings.
7. Please shower prior to entering the pool.
8. Please use caution on all surfaces as the changing room floors and pool deck may be wet.
9. **Absolutely NO RUNNING or DIVING allowed.**
10. Wear appropriate swimming attire. You may wear a swimsuit or work out attire.
11. Please use courtesy towards other class members and/or therapy patients. We are all here to share the same great pool and experience! We have the right to refuse service to any persons displaying inappropriate behavior.

GENERAL INFORMATION

1. The average pool temperature is maintained between 88° and 92° F.
2. Your aquatic exercise sessions will last approximately 50 – 60 minutes.
3. Class fees are on a month to month basis or \$10 per class. Make-up classes may be permitted in same month if available.
4. **Class members/patients with open wounds, infections of any kind, uncontrolled bladder/bowel incontinence, elevated high blood pressure, decreased lung capacity or oxygen saturation less than 96%, uncontrolled seizures or uncontrolled heart conditions are NOT permitted in the pool.**

Please sign and date that you agree to abide by the above.

Signature

Date



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Aquatics Class Registration

Last Name	First Name	Middle Initial
Address	City, State, Zip	Date of Birth
Home Phone	Cell Phone	Email Address

Which form of communication is the best way to contact you in case of any changes to the schedule?

Please circle one: Home Phone Cell Phone Email Other _____

IN CASE OF EMERGENCY (Please list two):

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

Do you have any of the following conditions:

Cardiovascular conditions	Y or N	Neurological conditions	Y or N
High blood pressure	Y or N	Infectious conditions	Y or N
Seizure disorders	Y or N	Open wounds	Y or N
Respiratory Problems	Y or N	Diabetes	Y or N
Musculoskeletal/orthopedic problems	Y or N	Bowel/bladder incontinence	Y or N
Other _____			

If you have answered YES to any of the above conditions, please explain:

List all medications you are currently taking:

*****PLEASE NOTE: It is recommended that all persons consult their physician(s) prior to starting any physical activity programs. Some persons may require their physician's clearance in order to participate in any aquatic classes pending their medical history.**

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I agree that all the above information is true and I am responsible for all financial payments. Payment for classes is due at time of service. Class fees are on a month to month basis. Make-up classes may be permitted in same month if available.

I have read and understand all the policies and terms of agreement as presented by Magnolia Physical Therapy and Aquatic Rehab Center and agree to be bound by the same. Any violation of any rules or regulations by participant my permit Magnolia Physical Therapy and Aquatic Rehab Center to revoke services without any further obligation to the participant and any portion of month's unused service shall not be reimbursed to the participant.

\_\_\_\_\_

Signature of Participant (or Parent/Guardian if participant is minor) Date



## MAGNOLIA PHYSICAL THERAPY AND AQUATIC REHAB CENTER

### REPRESENTATION, RELEASE AND AGREEMENT

(Please read carefully and sign below)

I, \_\_\_\_\_, fully understanding that the programs and exercises of the Magnolia Physical Therapy and Aquatic Rehab Center program require moderate physical activity, hereby represent and acknowledge that my physical condition permits me to participate in the programs and exercises. I further acknowledge that I have been advised that at any time I am having physical difficulty, I will immediately inform the Physical Therapist or Class Instructor(s) and will adhere to their recommendation. I have volunteered to participate in this program and accept the responsibility for it. I understand that the possibility of exercise injuries or disorders does exist. I acknowledge and accept those risks.

I further realize that I will not be accepted for participation in the program if the Physical Therapist or Class Instructor(s) determines that my condition is not appropriate and my participation would be dangerous to my health.

I release and discharge on my behalf of myself, my heirs, assigns and successor in interest, all officers, directors, agents, employees and other representatives of Magnolia Physical Therapy and Aquatic Rehab Center and the use of any of its exercises, equipment, procedures, or other results attained therefrom.

\_\_\_\_\_  
Participant Name—Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Name—Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature