

Marianjoy Rehabilitation Hospital

part of
M Northwestern
Medicine

Adult Self-Conditioning Pool Program Registration Form for Spring 2018 Session

First name _____ Last name _____

Email _____

Address _____ City _____ State _____ ZIP _____

Emergency contact information

Name _____ Phone _____

Name of caregiver (if applicable) _____

Spring 2018 Schedule

Day	Time	Dates	Cost	
Saturdays	9:00-10:00 am	March 3-April 21, 2018	\$128	
Mondays	11:00 am-noon	March 5-April 23, 2018	\$128	
Tuesdays	4:30-5:30 pm	March 6-April ,24 2018	\$128	
Wednesdays	11:00 am-noon	March 7-April 25, 2018	\$128	
Wednesdays	3:30-4:30 pm	March 7-April 25, 2018	\$128	
			TOTAL	\$

Important Information

A completed registration form and payment must be received prior to the first class. Registration forms are available at the outpatient reception desk, from your therapist, from the pool group leader, or at marianjoy.org. Registration is accepted on a first-come, first-served basis, and can be processed at the outpatient reception desk from 8:00 am-4:30 pm, Monday through Friday. Classes are limited to 10 participants. Classes may be canceled if there are fewer than five participants who are registered seven days prior to the start of the session. There are no make-up sessions. There are no refunds, except for legitimate medical reasons.

continued >

Adult Self-Conditioning Pool Program Spring 2018 Registration (continued)

Consent Form and Liability Waiver for Participation in Marianjoy's Community Programs

I _____ (print name) understand, recognize and acknowledge that there are certain risks of physical injury to participants in Marianjoy's Community Programs and voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I may sustain as a result of said participation. I expressly agree that Marianjoy Rehabilitation Hospital shall not be liable for any damages arising from personal injuries sustained by me during my participation in Marianjoy's Community Programs. I acknowledge that by signing this document, I am assuming risks, and agreeing to indemnify, not sue and release from liability Marianjoy Rehabilitation Hospital, and its associations and respective agents, employees, volunteers, sponsors, promoters, and affiliates from all claims that may be brought against them. The responsible party executing this form is cautioned to carefully evaluate the circumstance in which they will find him or herself during said participation. I grant to Marianjoy Rehabilitation Hospital and Clinic consent for reasonable emergency medical care in the unlikely event that it is necessary while participating in Marianjoy Community Programs. I agree on my behalf or my heirs, successors, and assigns to hold harmless and defend Marianjoy Rehabilitation Hospital and Clinic, its officers, directors, employees, agents and representatives associated with the minor's participation in the Continuing Care Classes from any claim arising from or in connection with the person names above. I acknowledge and understand that I have carefully read this consent and waiver and fully understand that it is a waiver of liability.

CAUTION: READ BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

Signature of participant (18 and older)

Date

If registering via fax or online, I understand that my facsimile or electronic signature shall substitute for and have the same legal effects as an original form signature.

Marianjoy Rehabilitation Hospital, part of Northwestern Medicine, is committed to providing aquatic therapy through our Community Pool programs. For the continued success of these programs, we offer the following reminders to all participants.

Requirements for participation

Because of the unique nature of exercise in a therapeutic warm water pool, participation is limited to patients who have previously received aquatic therapy at Marianjoy. This ensures participants are medically able to exercise in a warm, aquatic medium. Participants perform their aquatic exercise home programs independently, and a therapist is available for questions or assistance as needed. Participants must be fully continent (children should wear a swim diaper), have intact skin with no open areas or wounds, and be medically stable to perform exercise in a warm-water environment.

Registration

Pool groups are scheduled for consecutive, eight-week sessions throughout the year. To ensure fairness when filling our groups, a completed registration form and payment must be received in order to be enrolled. Registrations are accepted on a first-come, first-served basis. Forms are available four weeks before the start of the next session at the outpatient reception desk, from your therapist, from the pool group leader, or at marianjoy.org.

Payment

All transactions must be completed during business hours (8:00 am - 4:30 pm) at the outpatient reception area on the Garden Level of the Outpatient Pavilion or by calling 630.909.7150 during business hours. There are no make-up sessions. There are no refunds, except for a legitimate medical reason.

Group size

All groups are limited to 10 participants. In instances in which participants use a caregiver (limit one caregiver per participant) to assist them in the group, the class size may be decreased in order to ensure safety for all participants. If there are fewer than five participants registered for a group seven days prior to the start of a new session, the group may be canceled.

Contact information

At registration, you will be asked to update your contact information. Please ensure that we have accurate information in case of a medical emergency or if we need to reach you in the event our pool is closed.

Thank you for your attention to these instructions and for your participation in our Community Pool program. Should you have any questions, please call 630.909.7150.

Received by:

Marianjoy staff member's initials: _____

Date: _____

Time: _____

**Marianjoy Rehabilitation Hospital, part of
Northwestern Medicine**

26W171 Roosevelt Road, Wheaton, IL 60187

marianjoy.org