

**ADULT SELF-CONDITIONING POOL PROGRAM**

Registration Form for Session: Fall/Winter 2017

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day time phone: \_\_\_\_\_ alternate phone: \_\_\_\_\_

Emergency contact information: Name: \_\_\_\_\_ phone: \_\_\_\_\_

Name of caregiver (if applicable): \_\_\_\_\_

Day of the Week	Time	Dates	Cost	
Mondays	11:00 am- 12:00 pm	October 16 – December 18, 2017	\$150	
Tuesdays	4:30 pm – 5:30 pm	October 17 – December 19, 2017	\$150	
Wednesdays	11:00 am- 12:00 pm	October 18 – December 20, 2017	\$150	
Wednesdays	3:30 pm – 4:30 pm	October 18 – December 20, 2017	\$150	
Saturdays	9:00 am – 10:00 am	October 22 – December 16, 2017	\$135	
			TOTAL	\$

**Important Information**

A completed registration form and payment must be received in order to be enrolled in a class. Registration forms are available 4 weeks in advance of the beginning of a session at the Outpatient Reception Desk or from your therapist/pool group leader. Registration is accepted on a first come, first served basis and can be processed at the Outpatient Reception area from 8:00 am-4:30 pm Monday through Friday. Classes are limited to 10 participants. Classes with less than 5 participants, registered 7 days prior to the start of the session, may be cancelled. There are no make-up sessions. There are no refunds except for legitimate medical reasons.

**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. 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.*

Received by registration: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

# Marianjoy Rehabilitation Hospital



Marianjoy is committed to providing aquatic therapy programs through our Community Pool Programs. In order to continue the success of these programs, we would like to 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 received aquatic therapy here at Marianjoy. This ensures participants are medically appropriate 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, 8-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 in a group. 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 or from your therapist/pool group leader.

**Payment:** All transactions must be completed during business hours (8:00 a.m. – 4:30 p.m.) at the Outpatient Reception area on the Garden Level of the Outpatient Pavilion or by calling 630-909-7150 during these business hours. There are no make-up sessions. Refunds are only available for legitimate medical reasons.

**Group Size:** All groups are limited to 10 participants. In instances in which participants use a caregiver (limit of 1 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 less than 5 participants registered for a group 7 days prior to the start of a new session, the group may be canceled.

**Pool Closure:** 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 to facilitate being able to reach you if our pool needs to be closed for urgent maintenance.

Thank you for your attention to these instructions and for your participation in our community program. Should you have any questions, please call 630-909-7150.

Received by registration: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_