

Contact Information

Name _____ Age ____
Address _____ Phone _____
Physician _____ Email _____
Emergency Contact _____ Phone _____

Health Information

When did you have your last physical medical examination? _____

Has a Physician placed any movement or exercise restriction on you?
Yes ___ No ___ Type _____

Do you have any of the following conditions?

Surgery in the last 2 years?	Yes ___	No ___	Type _____
Heart Disease	Yes ___	No ___	Type _____
High Blood Pressure	Yes ___	No ___	
Arthritis	Yes ___	No ___	Type _____
Joint Replacement	Yes ___	No ___	Type _____
Back Pain	Yes ___	No ___	
Neck Pain	Yes ___	No ___	
Diabetes	Yes ___	No ___	
Fibromyalgia	Yes ___	No ___	
Pregnant	Yes ___	No ___	Due Date _____
Other Conditions	_____		
Are you taking any Medications?	Yes ___	No ___	Type _____

Safety Affirmation and Release

I understand it is my responsibility to read the Aquarobics Orientation Information. Yes ___ No ___

I, (print) _____ have chosen to participate in water-exercise classes given by AQ Water Fitness, Inc. (dba AQUAROBICS), its officers, directors, employees, and agents and understand, acknowledge and agree as follows:

1. AQ Water Fitness, Inc. has advised me of medical risks that may result from participation and advised me it will not modify its program or method of instruction based on my individual medical condition.
2. I have consulted my personal physician and am physically and have confirmed I am capable of participation in the unmodified AQUAROBICS water-exercise program without injury or has given me instructions of how to self-modify.
3. I understand that it is not the purpose of the program to teach safety rules, nor is it the function of the instructors to serve as guardians of my safety.
4. I understand and agree that neither this AQUAROBICS water-exercise program, nor its owners or pool facility may be held liable in any way for any occurrences in connection with the water-exercise class which may result in injury to me in consideration of being allowed to enroll in this program. I hereby personally assume all risks in connection with said program, and I further release the aforementioned for any harm which may befall me while I am enrolled as a student of the class, including all risks connected therewith, whether foreseen or unforeseen and further save and hold harmless said program and persons from all claims, cost, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participation in this program.
5. I am of lawful age and competent to sign this affirmation and release. I understand the terms herein are contractual and not a mere recital and I have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF TO THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.

Signature of participant _____ Date _____
(Parent or Legal Guardian must sign for a minor)

Aquarobics Orientation Information

Class Orientation:

It is your responsibility, as a new participant, to arrive 15 minutes early to your first class in order to attend a class orientation.

Medical Changes:

Please let your instructor know if there are any changes in your medical condition and update your medical card.

Exercise Modifications:

Do be aware we give limited specific cautions, but your doctor's advice always precedes our instructions. If you have specific concerns regarding range of motion please talk with your physical therapist or doctor.

Leaving Class Early:

Signal your instructor if you are leaving class before the class ends. We want to be sure you are not feeling ill. Do let your instructor know if you need help.

Late Arrival:

If you arrive late, please jog to warm up through the first song.

Registration:

Registration is held the 4th week of the 5-week session. All new persons registering must complete a medical card and read the orientation information.

Refunds:

A full refund will be given if you CANCEL BEFORE THE SESSION STARTS, a 50% refund will be given if you CANCEL DURING THE FIRST WEEK OF THE SESSION. No refund will be given after the first week of the session. Please call the Aquarobics office if you wish to cancel.

Make-up Classes:

Classes can be made up either before or after your absence. They must take place at the same pool and during the current session.

Saturday Class Overview

Saturday classes are held every Saturday at 9am as long as we have 8 participants registered for the session. If you drop-in, but do not pay you will be billed by the Aquarobics' office a drop-in fee plus and administrative charge. If you are registered for another Aquarobics class you may use the Saturday class for make-ups once every 6 months. Your Saturday instructor will date your Saturday class attendance on a master list of participants.

Guests:

Guests are welcome for one free visit. Any subsequent visits will be charged the current drop-in fee per class. Guests must complete a medical card and read the orientation information. These can be obtained in advance from your instructor.

Class Cancellations:

During inclement weather, or for other reasons beyond the control of the facility or instructor, it will be the responsibility of each class member to call the pool facility to learn if classes have been canceled. If the local school district is closed or delayed, AM Aquarobics classes will not be in session. Please call the pool regarding PM Aquarobics classes. Refunds will not be given due to inclement weather, but make-up classes can be arranged (see above).