

**CULLMAN
REGIONAL**

Fitness

AQUATIC PROGRAM

Important Pool Packet Information

- 1. Read each page of this packet and sign and date where requested.**
- 2. Turn the packet in to the in to the Rehab desk or Fitness Desk on the first day of class.**
- 3. The fee is due at the first of each month. Please make all payments in the front office.**

**For more information, contact Cullman Regional Fitness or Rehab at 256-737-2271 or
256-737-2859.**

Aquatic Aerobics

(Classes meet the following days and times.)

MONDAY / WEDNESDAY / FRIDAY

8:00-9:00am

9:30-10:30am

11:00-12:00pm

MONDAY / WEDNESDAY / THURSDAY

1:00-2:00pm

4:00-5:00pm

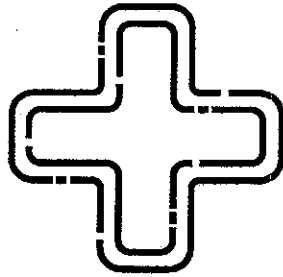
Cost: \$35.00/Month for individuals.

\$50.00/ Month for couples.

CALL REHAB OFFICE AT 256-737-2271 OR THE POOL AT
256-737-2545 TO SET UP YOUR CLASS TIME.

YOU MUST GET A POOL PACKET, THEN READ AND SIGN
EACH PAGE PRIOR TO YOUR FIRST CLASS.

DO NOT ENTER POOL UNTIL INSTRUCTOR
IS PRESENT!!



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Aquatic Instructions

1. Wearing bathing suit into building without clothes or cover-up is no permitted. Bathing suits should be one piece if possible for women. No cut-offs for men.
2. DO NOT get in the pool until the instructor allows you to do so.
3. Bring pool shoes to wear in and around the pool to protect your feet and prevent slips.
4. Please bring your own towel. Cullman Regional Fitness does not provide a towel service to aquatic participants.
5. Please bring a change of clothes for after class. You will be required to change clothes before walking through the gym area. This is to protect our patients.
6. Each session will last approximately 50 minutes. Please arrive a few minutes early so that you can change/dress before class. If you are late you MAY NOT stay over into the other classes. Each class is allowed a certain number of participants and we ask that you respect your reserved class time.

1. CLASS TIMES: Classes and their times will be posted and are subject to change by the management. You will be expected to be in your swim suit and poolside at the appointed hour. Participants should not enter the pool until the appointed time and only if an instructor is present. This will require your full cooperation. If you are unable to dress/undress independently, you will need to bring someone with you.
2. CLOTHING: A swim suit is required and should meet approval of the rehab-staff. Swim shorts over a suit are acceptable. No cut-off shorts are allowed. Aquatic footwear is suggested but must be for pool use only, i.e. the shoes should not be worn outside. No wet clothing in the gym area is allowed.
3. POOL TEMPERATURE: Every effort will be made to keep the pool temperature in a therapeutic range (85°-92°).
4. PERSONAL PROPERTY: Neither Cullman Regional or its employees shall be responsible for damages, lost or stolen articles or clothing or other personal property. Please leave anything of value in your vehicle.
5. SHOWERING: Participants are required to shower before entering the pool. Showering at home before coming to class is acceptable. Use of lotions, perfumes, oils, etc is prohibited- Use of these items will cause problems with pool chemicals and is often the reason for the pool being closed.
6. LOCKERS: A limited number of lockers are available in both men's and women's locker rooms. If you wish to use a locker, place your own lock on the locker during your session and removed when you leave. Any locks left are subject to removal by Cullman Regional and locker contents will be kept for a maximum of three days before disposal.
7. TOWELS: It is recommended that participants bring a beach or large towel each session. Towels will not be provided by Cullman Regional.
8. AMENDING THE RULES: We reserve the right to amend the rules as we deem necessary.
9. DUES: These are to be paid on the first of each month at the front office or with your pool instructor. Only the first month will be prorated. Discounting of dues is at discretion of Cullman Regional if the pool is closed for an extended period of time.
10. COMPLIANCE WITH RULES AND CONDUCT OF PARTICIPANTS: Participants agree to be subject to the control and guidance of the personnel of Cullman Regional while on the premises and reserve all criticism of any major kind about other participants or personnel until in a private office with the director. The center reserves the right to terminate the membership of a participant if he or she fails to obey any rules and regulations or the "Aquatic Program Guidelines".

I understand and agree with these rules and regulations and will comply with them.

SIGNATURE: _____

DATE: _____

PARTICIPATION APPLICATION FORM

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____
(Home) (Cell)

The person to call in case of an emergency is _____

Telephone: _____

My doctor is Dr. _____

Telephone: _____

RULES AND REGULATIONS

INFORMED CONSENT

I desire to voluntarily engage in Cullman Regional Fitness's Aquatic Program. The benefits, depending on my cooperation, include improved functions and quality of life by increasing my strength endurance and flexibility. The amount of exercise will be regulated on the basis of my tolerance.

I understand that if I should feel faint, dizzy, short of breath, chest pain or other pain, weakness in arms or legs, have visual or speech disturbances or any other abnormal symptoms, I should report these symptoms immediately to the supervisor of the exercise, I also understand that there is a risk that changes can occur and cause symptoms such as these and the need to be evaluated would be immediate.

I know of no condition which would indicate that I should not engage in this program.

I understand that the group programs do not allow for individualized treatments because of the need to care for a number of participants within a short period of time, however, every effort will be made to help meet certain needs.

I also understand and agree that Cullman Regional will not have or assume any financial responsibility or liability of medical treatment or of compensation for any injury I may suffer or resulting from participation in the program. Any questions that have occurred to me have been answered to my satisfaction.

SIGNATURE: _____

DATE: _____

WITNESS: _____

AQUATIC PROGRAM GUIDELINES

These guidelines are divided into absolute and relative contraindications.

Absolute Contraindications – YOU CANNOT GET INTO THE POOL IF YOU HAVE:

1. Fever over 100 degrees
2. Incontinence of feces
3. Cardiac failure
4. Advanced respiratory disease
5. Open wounds
6. Uncontrolled epilepsy or history of seizures within past year
7. Menstruation (without internal protection)
8. Any line or tube penetrating the skin (i.e. IVs, Hickman line, nasogastric tube)
9. Infectious disease
10. Skin infection
11. Recent exacerbation of MS
12. Disorientation

Relative Contraindications – YOU MAY NEED FURTHER EVALUATION FOR CANDIDACY IF YOU HAVE:

1. Sensory impairment
2. Uncontrolled blood pressure (moderate hypertension or hypotension)
3. Chest pain, arrhythmia or other heart considerations such as beta blocker usage
4. Stroke
5. Catheters
6. Absent cough reflex
7. MS
8. Expressive and receptive aphasia

I understand and agree with these guidelines and will comply with them.

SIGNATURE: _____

DATE: _____

CRMC Fitness Center

Unsupervised Exercise Participation – Physician Approval Form

Section I: Medical Information Release

(To be completed by participant)

NAME: _____ (please print)
HOME ADDRESS: _____
PHONE: _____ CITY/ STATE/ ZIP: _____

Cullman Regional Medical Center ("CRMC") requires all participants in unsupervised exercise at its CRMC Fitness Center to submit a completed Physician Approval form prior to participation. Participation is contingent upon your physician's approval.

I hereby give my physician permission to release any pertinent medical information from my medical records to the staff of the CRMC Fitness Center. I understand that this information will be kept confidential.

PARTICIPANT SIGNATURE: _____ DATE: _____

Section II: Physician Approval

(To be completed by participant's physician)

Dear Physician:

Your patient, named above, has expressed an interest in exercising without supervision or assistance at CRMC's Fitness Center. No CRMC personnel will be available to assist or supervise your patient's exercise at CRMC's Fitness Center.

Please select the appropriate statement below concerning this patient and update CRMC and the patient if your opinion changes as a result of the patient's health condition:

no restrictions apply and the above named patient may medically exercise at CRMC fitness without supervision or assistance.

the following restrictions should apply: _____

participation is not recommended at this time (If checked, patient will be denied participation.)

PHYSICIAN SIGNATURE: _____
DATE: _____ PHONE: _____
PHYSICIAN NAME: (print or type): _____
ADDRESS: _____