Aquafit

Improve your health and have fun at the Willard City Pool!

Health Benefits of Water Aerobics:

- ⇒ Increase muscle strength
- ⇒ Build Endurance
- ⇒ Increase Flexibility
- ⇒ Cooling Exercise
- ⇒ Burns Calories
- ⇒ Alleviates Pressure on Joints

Join in on the perfect summer exercise sessions to get fit and toned. The instructors class design of 20-30 minutes cardio exercise combined with 30 minutes of body toning will help to sculpt and stretch your muscles.

When: June 21 - August, 6:30 pm. - 7:30 p.m. Mon, Tues, Thurs

* Thursday deep water

Where: Willard City Pool - 561 West Laurel Street

Cost: $40 for all sessions or $2 per session

.

SIGN-UP SHEET ON BACK

*No Lifeguard on duty during class

Aquafit Sign-up Sheet

FULL NAME: ______________________________

ADDRESS: ______________________________

CITY: ____________ STATE: ________ ZIP CODE: ____________

TELEPHONE: ____________________ EMAIL: ____________________

BIRTH DATE (MM/DD/YYYY): ______________________________

FAMILY PHYSICIAN: ______________________________

PHYSICIAN TELEPHONE NUMBER: ______________________________

EMERGENCY CONTACT INFORMATION

NAME & RELATIONSHIP: ______________________________

ADDRESS: ______________________________

TELPHONE NUMBER: ______________________________

ANY OTHER INFO OR COMMENTS (medication,allergies,etc.): ____________________

PART 1: GRANT TO CONSENT

I hereby give consent for the following medical care providers and hospitals to be called:

Physician: ______________________________ Phone: ____________________

Hospital: ______________________________ Phone: ____________________

Medical Specialist: ______________________________ Phone: ____________________

In the event that reasonable attempts to contact listed have been unsuccessful, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by the named doctors, or, in the event the designated preferred practioner is not available, by another licensed physician; and

(2) The transfer of myself to my preferred hospital or any hospital reasonably accessible

This authorization does not cover major medical surgery unless the medical options of two other licensed physicians, concurring with the necessity for such surgery,are obtained prior to performance of such surgery.

Facts concerning my medical history, including allergies, medications being taken, and any other physical impairment to which a physician should be alerted:

SIGNATURE: ______________________________ DATE: ____________________

PART 2: REFUSAL TO CONSENT

I DO NOT give permission for emergency medical treatment for myself. In the event of illness or injury requiring emergency treatment, I wish the program authrties to take the following action:

SIGNATURE: ______________________________ DATE: ____________________