

Willard City Pool

Water Aerobics Class

WHO: People of all ages looking for a low-impact exercise

WHAT: Water walking, strength, and flexibility exercises in shallow water. Participants do not need to know how to swim.

WHERE: Willard City Pool—561 West Laurel Street, Willard OH 44890

WHEN: June 21 through middle of August, 11:00 a.m. — 12:00 p.m. Monday through Friday

COST: \$40 for all sessions or \$2 per session

An emergency medical form is required for all participants. For advanced sign up and all inquires please contact the Willard Park and Recreation Department at (419) 935-1654.



SIGN-UP SHEET ON BACK

***No Lifeguard on duty during class**

Water Aerobics 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: _____

TELEPHONE 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: _____