

AQUACIZE Aquatic Program

Information Sheet

REQUIREMENTS:

- Disability or Age 65+
- Signed Consent to Participate/Assumption of Risk Form
- Signed Physician Approval Form

MEMBERSHIP COSTS:

- \$50 /for 12 visits .
Payment may be given to any pool staff in the office and you will receive a punch card to keep visit count
You must bring card with you in order to enter the pool!

Checks made out to :

Gaylord Hospital/Aquacize

Pool Phone: 203-741-3440 Call to reserve your pool time!!!

MEMBERSHIP USAGE TIMES:

For time changes or closings call 203-284-AQUA

- Open times:
 - Monday Thru Thursday : **7:30 a.m. – 8:30 am.**
4:00 p.m. – 8:00 p.m.
 - Fridays: **8:00 a.m. – 12:00 p.m.**
 - Saturdays: **9:00 a.m. – 1:00 p.m.**

LOCATION: The pool is on the ground floor of the Jackson Pavilion and may be accessed through the main entrance of the building PARKING: Handicap and regular parking is available opposite the main entrance.

AQUATIC PROGRAM POLICIES

- Participants are required to shower with soap before entering the pool.
- Individuals with the following conditions WILL NOT be allowed in the pool:

Open wounds	Uncontrolled bowel/bladder incontinence
Urinary tract infection	Uncontrolled seizures
Cardiac precautions	Skin infections or acute fever

Leg bags, gastrostomy tubes, nasal oxygen, body jackets and Philadelphia collars are acceptable.

- Please come prepared with a swimsuit and towel
- Accessible locker rooms with showers are available. If assistance is needed to prepare for the pool, please arrange to bring someone to assist you.
- The Pool stairs or the Lift may be used to enter Pool. Individuals who cannot independently transfer onto the lift or manage themselves safely in the water must provide their own assistance. Aides must stay within arms-length and must be able and willing to enter the pool should it be necessary for an aquacizer's safety.
- The Aquacize program is not considered Physical Therapy. Although it is therapeutic, most insurance companies do not cover it. A receipt will be provided for those members who have insurance that will cover the Aquacize Program.

We welcome questions. If you have any, please contact the Aquatics Coordinator, Mike Moscato at 203-741-3440.

Gaylord Hospital, Inc.
P.O. Box 400
Wallingford, CT 06492
Phone: 203-284-2800 Ext. 3440
Fax: 203-284-2813

**AQUACIZE and/or Post Rehabilitation Exercise Program
Physician Approval Form**

PART 1: (to be completed by the Client) Please Print

Last Name: _____ First Name: _____ Middle initial _____

Address: _____ Town _____ Zip code: _____

Telephone #: _____ Date of birth: _____

Email Address: _____

In case of emergency call:

Name: _____ Telephone: _____

I give permission to Dr. _____ to complete this Physician Information Form.

Physician's address: _____ Telephone #: _____

Client's signature: _____ Date: _____



PART 2: (to be completed by Physician)

My patient, named above, has the following diagnosis or disability:

Other Comments: _____

I approve the plan for the above noted person to participate in the (circle one or both)

- Aquacize Program which includes "Open Swim and Water Exercise"
- Post Rehabilitation Exercise Program

Yes No

Signature of Physician: _____ Date: _____

Note: Individuals with open wounds, uncontrolled bowel and/or bladder incontinence, UTI in initial stages, history of uncontrolled seizures, severe cardiac precautions, skin infections, acute fever or trachs will not be allowed in the pool. Leg bags, nasal oxygen, body jackets, and Philadelphia collars are acceptable.

Gaylord Hospital, Inc.

Consent to Participate/Assumption of Risk Post Rehabilitation Exercise Program “Aquacize” Aquatic Program

CONSENT TO PARTICIPATE:

I, the undersigned, do voluntarily consent to participate in the Post Rehabilitation Exercise Program (PREP) Fitness Program and/or the Aquacize Aquatic Exercise Program at Gaylord Hospital. (please circle the appropriate program) I understand that Gaylord Hospital retains the right to require safety equipment for participation and to refuse participation for safety considerations. I agree not to make claim against Gaylord Hospital or any of its agents of this program for injuries which may result from my participation in the program. I agree to abide by the rules and regulations of Gaylord Hospital, Inc. with regard to use of any equipment available in the Jackson Pavilion as well as while I am on the grounds of the hospital. I, the undersigned, understand that this consent is on file and shall apply to my current participation and expires once my membership ends.

ASSUMPTION OF RISK:

I understand that there are risks associated with strength, flexibility and aerobic exercise as well as with aquatic exercise. I am participating with the knowledge of those risks. I understand that there are certain risks associated with the use of exercise equipment and the pool, including but not limited to slipping, falling and other serious consequences, and I assume any such risks. I understand that it is my responsibility to obtain my physician's approval for participation and that a yearly or more frequent physical examination and consultation is recommended to discuss physical activity, exercise and the use of training equipment.

I understand that it is my responsibility to maintain my own medical insurance and that Gaylord Hospital will not be responsible for my medical bills resulting from my participation in the PREP Program or the Aquacize program.

POOL POLICY:

All aquatic staff reserves the right to limit and or suspend the usage of the pool and pool area pending an evaluation thereof by pool staff. Patrons needing assistance while in or out of the pool must bring an aide with them. The aide must remain within arm's length or closer to the patron at all times and must be able and willing to enter the pool should it be necessary for an aquacizer's safety. All patrons must use gender-specific locker rooms. A co-ed changing room is provided if needed. All patrons must vacate the locker room within 15 minutes after the pool has closed. There is no Lifeguard on duty at the pool. Swimmers swim at their own risk.

I have read the above information, have been given the opportunity to ask questions and have had my questions answered to my satisfaction.

Name of Participant (Please Print) _____

Signature of Participant _____ **Date** _____

Name of PREP/Aquacize Staff (Please Print) _____

Signature of PREP/Aquacize staff _____ **Date** _____