

# New Participant Paperwork for Therapeutic Pool Programs



Easterseals Rehabilitation Center  
3701 Bellemeade Avenue  
Evansville, IN 47714  
Therapeutic Pool 812.474.2365

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Email address: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Parent / Guardian Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Our pool is a heated, humid environment. The water temperature is set at 93-94 degrees Fahrenheit. There are risks associated with pool activities including, but not limited to, hypotension (decrease in blood pressure), skin reactions to water, dizziness, falls and drowning. Certain medications are not recommended and may cause complications.

**Please consult your physician before engaging in any pool programs.**

Please check if the participant has any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> High blood pressure / cardiac conditions |
| <input type="checkbox"/> Uncontrolled seizures | <input type="checkbox"/> History of blood clots                   |
| <input type="checkbox"/> Open wounds           | <input type="checkbox"/> Lung problems / asthma                   |

Please list any other medical issues / special needs that we need to be aware of, including any physician orders regarding restrictions:

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**Payment Policy:** Full payment is required to ensure your spot and is due on or before the first lesson/class. Refunds will only be given for withdrawal from the session within the 1st week. We will prorate the refund. Any refunds beyond this will be at the manager's discretion.

**Make-Up Policy:** Sessions are 6 weeks with a 7th week available for a 'make-up lesson'. We will only offer **one** make-up lesson per session. The make-up week is designed to accommodate the following; participant cancellations, instructor cancellations, inclement weather, holidays or other special circumstances.

**No Show Policy:** Participants are expected to attend all scheduled lessons. Please call in advance if you need to cancel. Two or more no shows/no calls in a session may result in a discontinuation of services with no refund.

By signing below, I agree the above information is accurate. I also voluntarily agree to participate in the Therapeutic Pool Programs at Easterseals Rehabilitation Center and do so at my own risk. I agree to follow the pool rules, recommendations and the above policies. I understand that if any complications should occur, I agree to the medical care required to treat the complication.

\_\_\_\_\_  
Participant, Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date