



Medical Information Form for Participants

1. Please check aquatic program you will be participating in during the 12 week session:
Open Swim _____ Aerobics _____ Independent Swim _____ Baby & Me _____

2. Please complete participant contact information:
Name: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Emergency Contact Person: _____
Emergency Contact Phone: _____
Family Physician: _____ Phone: _____

3. Please list any special precautions:
 - a. Joint replacement _____
 - b. High Blood Pressure _____
 - c. Heart Condition _____
 - d. Diabetes _____
 - e. Seizure disorder/Epilepsy _____
 - f. Allergies/Asthma _____
 - g. COPD _____
 - h. Other Medical Precautions _____

4. Please return this completed form to Whitman Therapy Pool within the first week of participant's first swim session.

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that my participation is at my own risk. I hereby understand and agree that neither the Whitman Therapy Pool nor the Whitman Hospital and Medical Center, officers, directors, employees, or volunteers, shall assume or have responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Signature _____ Date _____

5. Office Use: Date form received _____
6. Office Use: Medical RX received _____
7. Office Use: Payment received _____