



Magnolia Physical Therapy and Aquatic Rehab Center

Aquatics Class Registration

Last Name

First Name

MI

Address

Home Phone

City, State, Zip

Date of Birth

In Case of Emergency (please list at least two):

Name

Relationship

Phone

Name

Relationship

Phone

Do you have any of the following conditions:

Cardiovascular Conditions?

Y or N

Neurological Conditions?

Y or N

High Blood Pressure?

Y or N

Infectious Conditions?

Y or N

Seizure Disorders?

Y or N

Open Wounds?

Y or N

Respiratory Problems?

Y or N

Diabetes?

Y or N

Musculoskeletal/Orthopedic Problems?

Y or N

Bowel/Bladder Incontinence?

Y or N

Other _____

Y or N

If you have answered YES to any of the above conditions, please explain: _____

List any and all medications: _____

Class(es) you are interested in:

Arthritis/Fibromyalgia Class

Osteoporosis Class

Pre/Post Natal Aquatic Classes

Aqua Pilates

Aqua Low-Impact Aerobics

Aqua Cardio Blast

It is recommended that all persons consult their physician(s) prior to starting any physical activity programs. Some persons may require their physician's clearance in order to participate in any aquatic classes pending medical history.

I agree that all the above information is true and I am responsible for all financial payments of all classes taken. All payments are due at time of service. Class fees are on a month to month basis. Make up classes may be permitted in same month if available.

I have read and understand all the policies and terms of agreement as presented by Magnolia Physical Therapy and Aquatic Rehab Center and agree to be bound by the same. Any violation of any rules or regulations by a Participant may permit Magnolia Physical Therapy and Aquatic Rehab Center to revoke services without any further obligation to the Participant. Any portion of a month's unused service shall not be reimbursed to the Participant.

Signature of Participant

(or Parent/Guardian if Participant under 18 years of age)

Date