



Aquatic Center – Aquatic Registration

PATRON INFORMATION

Date: _____

Male Female Gender identity not listed Prefer not to answer

Name: _____ Birth Date: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

How did you hear about us (please check all that apply and write in the source)?

Physician Name: _____ Provider (Bellin, Prevea, etc.) _____

Website: _____ CP Website Mom Blog Advertisement

Member Referral: _____

Social Media: Facebook Instagram Other

Other - please explain: _____

How would you describe yourself?

Asian Pacific Islander

Black or African American White

Hispanic or Latino Prefer not to answer

Native American Other

Are you currently serving or have you ever served in the U.S. Military?

Yes No

WARNING & ASSUMPTION OF RISK

CP (Cerebral Palsy, Inc.) wants each member to know that, while swimming and pool exercise can be very helpful as a part of a personal health and exercise program, swimming and exercise can also be dangerous to health for some. CP will not be responsible for monitoring of individual's medical conditions. With that in mind, CP asks you to consider the information provided on this sheet. In particular, CP wants you to be aware that our pool temperatures are higher than most other pools, and can make exercising more difficult. Some persons may need to limit their time in the pool because of these higher temperatures.

While CP strives to provide a safe environment for its pool patrons, pool patrons themselves must know their limitations and adjust activity levels as needed.

Pool Patron Representations (please initial lines below)

I, _____ (Last, first, middle initial) acknowledge and represent to CP that:

- I am aware that people with some medical conditions will need to limit their physical activity in a pool, and particularly in a pool with relatively high temperatures. I acknowledge that if I have such conditions, I will slow down or limit my activity.
- I understand that it is recommended that I consult with my physician prior to beginning any exercise class and prior to using the pool at CP.
- I accept responsibility for monitoring my own health and physical capabilities.
- I understand that I should stay home if I am sick, especially if I exhibit symptoms of vomiting, diarrhea or any COVID-19 related symptoms.

RELEASE & INDEMNIFICATION AGREEMENT

I hereby release Cerebral Palsy, Inc., and its agents and employees, from any and all future claims which I may have arising from my involvement in any aquatics activity at Cerebral Palsy, Inc., and instruction relating to those activities, insofar as any injury, harm, or claim may arise, in whole or in part, out of pre-existing medical conditions of which I had knowledge, or of which I should have had knowledge, as discussed above. Moreover, I agree to indemnify and hold harmless Cerebral Palsy, Inc., its agents and employees from any and all such claims, and this indemnification shall extend to the cost of defending any such claims, including but not limited to attorneys' fees.

HEALTH HISTORY

Do you have any medical conditions that you would like us to be aware of (please check all that apply)

- Arthritis
- Neurologic
- Seizures
- Hypertension/Cardiac
- Ortho/Joint Replacement
- Other:
- Diabetes

Please use this line to expound on any medical conditions selected: [Click here to enter text.](#)

EMERGENCY CONTACT INFORMATION

Preferred Hospital: _____

Name/Relationship: _____ **Phone Number:** _____

Name/Relationship: _____ **Phone Number:** _____

UNEXPECTED CLOSURE NOTIFICATIONS – MEMBERS ONLY

In the instance of an unexpected pool closure, The Aquatic Center at CP will send out an email notification to the provided email address on the front page of this form.

Registered class participants will receive a courtesy phone call if their class is affected.

I have read and understand the above waiver, release of liability and assumption of risk
Any person under 18 years of age must have a parent or guardian co-sign the form.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

STAFF ONLY

Guest Registration Date:

Staff Initials:

Member Registration Date:

Staff Initials: