

OSHER MARIN JCC AQUATIC THERAPEUTIC PROGRAMS REGISTRATION FORM

PLEASE CHECK ONE:

AQUATIC ARTHRITIS CLASS HYDROTHERAPY PROGRAM 1-1 SPECIALIZED AQUATICS ADAPTIVE SWIMMING

PLEASE CHECK ONE:

OMJCC MEMBER NON-MEMBER

PERSONAL INFORMATION (PLEASE PRINT):

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: _____ PHONE: _____

RELATIONSHIP: _____ E-MAIL: _____

DOCTOR'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOSPITAL AFFILIATION: _____

A COMPLETED OMJCC PHYSICIAN CONSENT FORM IS REQUIRED TO PARTICIPATE IN OMJCC AQUATIC THERAPEUTIC PROGRAMS. ALL PAPERWORK MUST BE COMPLETED AND PAYMENT MADE PRIOR TO ENTERING ANY AQUATIC THERAPY PROGRAM.

Please note that with less than 24-hours' notice, there is a \$60 fee for cancelling/rescheduling any 1-hour intake or One-On-One session, or \$30 fee for any 30-minute One-On-One session.

Liability Release:

It is the responsibility of every individual, her or his parents or legal guardian to provide for her or his own accident and health coverage while participating in all JCC activities; The JCC does not provide any accident or health coverage for its members or guests. For myself, my heirs, administrators and assigns, I hereby wave and release any and all right and claim which I may have against any association or agency connected with this program now and in the future for any and all injuries suffered by me while taking part in it.

Signature: _____ Date: _____