



## PHYSICIAN CONSENT FORM

The **Participant** must complete the front portion of the form. Please have your **Physician** (only M.D. and D.O. accepted) complete and sign the back portion of the form.

**PARTICIPANT INFORMATION:** *(Please Print All Information Clearly)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Emergency Contact Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

If I decide to participate in the *Water Aerobics* classes, I understand and agree that all aquatic instructors, employees, volunteers, The AEA/Arthritis Foundation, The Advisory Board for the Disabled, Inc. and The City of Altamonte Springs will not have or assume any financial responsibility or liability for the expense of medical treatment or be responsible for compensation for any injury sustained during or resulting from participation in these classes.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (If Participant Is Under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** *Physician consent form is valid for one year from doctor's signature.*

Westmonte Recreation Center  
624 Bills Lane | Altamonte Springs, FL 32714  
(407) 571-8735 | [www.ASRecreation.org](http://www.ASRecreation.org)

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### FOR OFFICE USE ONLY

Check all that apply:  NEW  RENEW  RESIDENT  NON-RESIDENT  HAS ID  PHOTO TAKEN

AMT. PAID: \_\_\_\_\_ CLASS: \_\_\_\_\_ MADE ID:  Yes

PAY TYPE: \_\_\_\_\_ RCT. #: \_\_\_\_\_ NEEDS ID:  Yes



## PHYSICIAN CONSENT FORM

**PHYSICIAN INFORMATION (Only M.D. and D.O. Accepted):** *(Please Print All Information Clearly)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

### **AQUATIC EXERCISE PROGRAM CLASS OPTIONS:**

Arthritis Plus: This class is designed to help individuals with arthritis and decreased mobility. It provides individuals with an opportunity to increase their endurance and strengthen their cardiovascular system. The AEA/Arthritis Foundation® approved exercises focus on improving balance, coordination and range of motion.

Water Aerobics: This class emphasizes exercises for coordination, balance and flexibility. This fast-paced class focuses on increasing stamina, muscle tone and improving range of motion. The class consists of a complete warm-up, an aerobic and core strengthening routine and a proper cool down.

**Patient is participating in one or more program activities with water temperatures at or near 92°.**

Patient Name (Last, First, Middle): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Class Recommendations: \_\_\_\_\_

The above patient has my approval to participate in the above-mentioned water exercise classes and/or open time which all have water temperatures at or near 92°.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only original Physician (M.D. or D.O.) signature is accepted. Faxes or stamps are not acceptable.**

**Note:** *Physician consent form is valid for one year from doctor's signature.*