



## ALTAMONTE SPRINGS PHYSICIAN CONSENT FORM

(Please Print All Information Clearly)

### FOR OFFICE USE ONLY

Please circle all that apply: NEW RENEW RESIDENT NON-RESIDENT HAS ID PHOTO TAKEN  
AMT. PAID: \_\_\_\_\_ CLASS: \_\_\_\_\_ MADE ID  
PAY TYPE: \_\_\_\_\_ RCT. #: \_\_\_\_\_ NEEDS ID

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:

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

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

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

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work or Cell)

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

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

Emergency Contact Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work or Cell)

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: \_\_\_\_\_ Date: \_\_\_\_\_

(If Participant Is Under 18)

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

**PHYSICIAN CONSENT FORM IS VALID FOR ONE YEAR FROM DOCTOR'S SIGNATURE.**

**AS FORM 901-2.28 REV. 1/2020**



## ALTAMONTE SPRINGS PHYSICIAN CONSENT FORM

*(Please Print All Information Clearly)*

### PHYSICIAN INFORMATION (only M.D. and D.O. accepted):

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

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

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

### Aquatic Exercise Program Class Options:

Arthritis Basic: This low-intensity class is designed to help individuals with arthritis and decreased mobility. The AEA/Arthritis Foundation approved exercises focus on improving balance, coordination and range-of-motion.

Arthritis Plus: This low-intensity class is a step-up from the Arthritis Basic with the AEA/Arthritis Foundation approved exercises designed to increase endurance and cardiovascular strength.

Water Aerobics I: This moderate-intensity, low-impact class emphasizes exercises for coordination, balance and flexibility aimed at building stamina and cardiovascular strength.

Water Aerobics II: This fast-paced, high-intensity, high-impact class focuses on increasing stamina, muscle tone and improving range-of-motion.

Open Time: This time is reserved for self-lead activity. No instruction is provided during this time.

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

Patient First & Middle Names: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

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.)*

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