

Class Registration Form



Thank you for your interest in our program. We are excited to bring an Adapted Aquatic Program to the peninsula. If you would like to reserve your spot in one of our classes, please fill out this enrollment form. Please submit paperwork along with Physicians Consent Form.

Clients First Name _____

Clients Last Name _____

Parents/ Care Takers Name _____

Home Phone _____ Work _____

Phone _____ Mobile _____

Address _____ State _____

Email _____

Clients Gender _____ Client's DOB _____

Class & Dates of Interest _____

Goals you want to achieve _____

Child's Diagnosis _____

Experience with water _____

Are there any behavior strategies you are using _____

Permission to take photos and videos for website/ training Yes _____ No _____

Emergency contact Information

Name _____

Relationship _____

Phone _____

Email _____

Participant Release

1. I understand that there are risks associated with the use of the pool. I am aware of these risks and agree that my/ my child's participation is at my/ their own risk. I hereby release Monterey Aquatic Therapy Center does business, their subsidiaries, and affiliates, and board of directors, and their respective officers, agents and employees, from any and all actions, costs, suits, demands, claims, damages, losses, and liabilities connected to my participation in the activities of the therapeutic pool program where Monterey Aquatic Therapy Center does business. This includes reasonable attorney's fees of any type of kind whatsoever arising out of or caused by my/ my child's participation in any such activities. I also represent a warrant that I have obtained approval from my physician to participate in the program and/or referral by a qualified professional. I am aware of the following contradictions for pool participation: 1) Severe cardiac problems 2) Uncontrolled seizures 3) Open wounds 4) Open trachea 5) Infectious skin conditions 6) Fever 7) Urinary infection. My child is medically sound to pursue aquatic therapy.

2. I give Monterey Aquatic Therapy Center permission to discuss my child's case with involved professionals. I understand that services are performed in a public place and in plain view of non-care related persons.

3. I fully understand the rules and regulation of the pool, and will abide by them completely. I release MATC from all future claims and causes of action occurring as a result of personal injuries sustained by the client as a consequence of using the facilities. I agree to cooperate fully with any request of the staff.

I agree with the above terms (*client signature*) _____