

AQUAEXCEL

Children's Aquatic Therapy Registration Form [2] Pages

360-969-9178

*Please complete and e-mail or bring to First session

Client's Name:

Parent/Guardian's Name:

Billing Address:

City:

State:

Zip:

Contact Phone Numbers: - _____

E-mail Address for communication: _____

Referred by:

Age:

Date of Birth:

Diagnosis:

Medical History (allergies, medication, surgeries, activities to avoid):

Cognition/Communication:

Mobility (assistive devices, balance issues, etc):

ADL's: (Relevant activities of daily living, assistance needed, toilet trained)

Aquatic History:

Aquatic Therapy Goals:

AQUAEXCEL

Karen Rice Hendrickson
karen@aquaexcel.org 360-969-9178

SERVICES PROVIDED

Aquatic Therapy session plans are developed around the client's needs and goals. The sessions strive to increase strength, function and mobility while encouraging the ongoing utilization of an aquatic facility. These sessions also aim to increase comfort, independence and safety in the aquatic environment.

SERVICE LOCATION

There are several community pools in the Northern Puget Sound area including Whidbey Island that are available for scheduling.

TERMS OF SERVICE

Aquatic Therapy sessions meet on a weekly basis and the tuition is charged by the session on a monthly basis. Payment is due in advance of all sessions. ***Pool tuition is not included and must be paid by client.**

½ Hour Sessions = 25 minutes

1 Hour Sessions = 50 minutes

CANCELLATION POLICY

48 Hour cancellation notice is preferred and greatly appreciated however; 24 Hour cancellation notice is required for full credit on missed session.

RELEASE OF LIABILITY

I agree to release, indemnify, and hold harmless AquaExcel, Karen Rice Hendrickson and the _____ facility in which these sessions are held, from any and all injuries that may occur while participating in this program. I hereby assume all risk of liability for injury, damage and any other consequence resulting from participation. I waive all rights to bring suit against Aquaexcel and Karen Rice Hendrickson, holding them harmless from any and all claims. I understand that I am signing a contract in agreement with the terms and fees stated above. As a parent, I cannot sign away the right of my child, but as a parent, I can sign away my right to cause of action for my child.

Name of participating Child: _____

Name of Parent _____
(Clearly written or "typed")

X

Parent's Signature

Date