

## ARTHRITIS FOUNDATION – AQUATICS EXERCISE PROGRAM

### *Participant Information*



**Instructor Contact:** Carole Taylor @ 614-475-9866

### **Coming to Class:**

- *Classes are located at 170 Taylor Station Road, Columbus, Ohio 43213, First Floor, Therapy Dept.*
- *Arrive to class 10 - 15 minutes prior to scheduled start time if changing on-site. Locker rooms are located on the 1st floor, in the Therapy Services department, just adjacent to the pool area.*
- *Bring personal towels (2 recommended) and a bag for wet suit and towel*
- *New participants will be required to complete a Participant Release Form. If you have taken an AF sponsored aquatics class at a different location, a new O1 form is still required. Your instructor will give you this form prior to the start of your first class.*

### **Class Guidelines:**

- *Listen to your body. If it hurts, do not do it.*
- *Two-Hour Rule - If your body hurts more two hours after class than it did before class, you did too much. Cut back on the intensity in the next class. Increase gradually. Follow your doctor's precautions, if any.*
- *Do not forget to breathe. Your muscles need the oxygen.*
- *Hydrate. Yes, you can become dehydrated in warm water. Drink water before and after class.*
- *Most importantly, have fun!*

**OVER --->**

### **Class Goals - To Improve:**

- *Range of Motion*
- *Flexibility*
- *Balance*
- *Strength*
- *State of Mind*



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### **Other Considerations:**

- *Participants have one (1) week to request a refund. After the first week within the session, no refunds will be made.*
- *Absolutely no food or drink in pool area with the exception of water in plastic bottle.*
- *Do not enter into the pool until the class instructor gives you permission to do so.*
- *No cell phones are allowed in the pool area while class is in session.*
- *Do not leave personal items (shampoo, hair driers, etc...) In the dressing room area.*
- *Please hang your coats in the therapy area closet. Do not leave coats or other clothing in the shower area.*
- *If you wish to change clothes in the restroom stall, please wait until there are two available.*

### **Weather Stipulations:**

#### **Lightening:**

*If lightning is seen during class, we will exit the pool and the remainder of class will be cancelled.*

#### **Snow Emergencies:**

*If a level 1, 2 or 3 snow emergency in effect in Franklin county an hour before class time, classes will be cancelled.*

#### **Tornado Warning:**

*If a tornado warning is in effect during the hour leading up to class, or issued during, class will be cancelled. If a warning is cancelled an hour or more before class time, class will be held.*

**If any of the above situations occur, make-up classes will be arranged.**

**If you are unsure if your class is cancelled, please call your class instructor directly for an update.**

**ARTHRITIS FOUNDATION - AQUATICS EXERCISE PROGRAM**  
*Emergency Contact Information*



**DATE:** \_\_\_\_\_

**PARTICIPANT NAME:** \_\_\_\_\_

*Please complete this form by providing the name and contact information of the person you wish Orthopedic ONE to contact in the event of an emergency situation.*

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

\_\_\_\_\_

**RELATIONSHIP TO YOU:**

\_\_\_\_\_

**BEST NUMBER TO REACH THEM:**

\_\_\_\_\_

*Thank you*

*This form will be kept on file with you participant information form.*