

# OSHER MARIN JCC AQUATIC THERAPEUTIC PROGRAMS REGISTRATION FORM

**PLEASE CHECK ONE:**

AQUATIC ARTHRITIS CLASS     HYDROTHERAPY PROGRAM     ONE-ON-ONE SPECIALIZED AQUATICS

**PLEASE CHECK ONE:**

OMJCC MEMBER     NON-MEMBER

**PERSONAL INFORMATION (PLEASE PRINT):**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOSPITAL AFFILIATION: \_\_\_\_\_

A COMPLETED OMJCC PHYSICIAN CONSENT FORM IS REQUIRED TO PARTICIPATE IN OMJCC AQUATIC THERAPEUTIC PROGRAMS. ALL PAPERWORK MUST BE COMPLETED AND PAYMENT MADE PRIOR TO ENTERING ANY AQUATIC THERAPY PROGRAM.

**Liability Release:**

It is the responsibility of every individual, her or his parents or legal guardian to provide for her or his own accident and health coverage while participating in all JCC activities;

The JCC does not provide any accident or health coverage for its members or guests. For myself, my heirs, administrators and assigns, I hereby wave and release any and all right and claim which I may have against any association or agency connected with this program now and in the future for any and all injuries suffered by me while taking part in it.

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