

The Center for Healthy Generations

A Non-Profit, 501(c) (3) Corporation



AQUATIC PROGRAMS

One easy step:

1. Call or come in to reserve your space in our exercise classes.

Suggested swimwear includes:

- ◆ Swimsuits that are easy to get on and off.
 - ◆ Shorts.
 - ◆ T-Shirts or tank tops.
 - ◆ Aquatic or beach shoes may decrease pain and will help absorb any jarring during exercise (and they do not scuff our pool deck).
 - ◆ Exercise clothing or specially designed aquatic clothing.
 - ◆ Disposable latex gloves can provide additional warmth.
 - ◆ Beach towel.
2. ***PLEASE LEAVE VALUABLES IN YOUR LOCKED CAR AND HANG YOUR KEYS ON OUR KEY RACK.***

Pool Rules

PLEASE REMEMBER TO TAKE YOUR SHOES OFF BEFORE ENTERING THE POOL AREA

1. Rinse off thoroughly before going into the pool.
2. NO BAR SOAP allowed in the showers. Clear shower gel may be used.
3. For your safety and pool maintenance, please discard your gum before entering the pool.
4. For your safety, please do not walk on the narrow side of pool deck.
5. While waiting for your class to begin, please remain QUIET! You are welcome to visit in the Activity Center.
6. Enter the pool ON THE HOUR and exit at the instructor's direction.
7. Please be on time. Late arrivals may be permitted only at the instructor's discretion
8. Participate in the class. Do not do "Your own thing."
9. Notify the instructor and the pool coordinator if you are planning to be absent for an extended period.
10. If a class is not your scheduled class, you will not be admitted if there are already 16 people in the pool.

Aquatic Program Participant Information and Release Form

General Information:

Name: _____

Address: _____

City : _____ State: _____ ZIP Code: _____

Email address _____

Participant Release Form:

I understand and agree that neither CHG nor any co-sponsoring organization or facility, nor members, or volunteers, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury that I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damage that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I understand and agree that the goal of CHG is to provide a safe program environment, free from disruption or harassment. To this end, CHG reserves the right to deny admission of those individuals whose behavior is disruptive or who harass other program members or staff.

Also, by signing this, I agree to allow CHG to use any pictures, likenesses, photos, or names as part of their promotion of this non-profit organization.

Signature: _____ **Date:** _____

***Tell us Please:

How did you hear about The Center for Healthy Generations

CONFIDENTIAL EMERGENCY CARD

Name: _____ **Date:** _____

Address: _____

Phone Number: (____) ____ - ____ **Business/Cell** _____

E-Mail Address: _____

Emergency Contact: _____

Relationship: _____ **Phone Number:** (____) ____ - ____

Doctor: _____ **Phone Number:** (____) ____ - ____

Date of Birth: _____

I represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

PRESCRIPTION DRUGS

Please list your current medications:

Name of medication – how often taken:
(example: aspirin-81 mg 1x per day-morning)

Name of Condition- Date
(example: stroke, 1/2009)

_____	_____
_____	_____
_____	_____
_____	_____

Please list allergies to medications:

The Center for Healthy Generations

GRANT APPLICATION INFORMATION

This form provides us with information our Center uses to apply for grant money. While some of these questions ask for very personal information, it is kept confidential and is not identified with you once it is entered into our computer.

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?**

2. For this section, a list of the 2015 EXTREMELY LOW-INCOME, LOW-INCOME and LOW- AND MODERATE-INCOME categories are presented below. Please add up the combined gross annual income of **all** persons in your household from all sources of income. **Check if your combined gross annual income is equal to or less than (Check one):**

- EXTREMELY LOW-INCOME
- LOW-INCOME
- MODERATE-INCOME

	Number of Persons in Your Household			
	1	2	3	4
EXTREMELY LOW-INCOME	\$13,400	\$15,300	\$17,200	\$19,500
LOW-INCOME	\$22,300	\$25,500	\$28,700	\$31,850
MODERATE- INCOME	\$35,700	\$40,800	\$45,900	\$50,950

	Number of Persons in Your Household			
	5	6	7	8
EXTREMELY LOW-INCOME	\$20,650	\$22,200	\$23,700	\$25,250
LOW-INCOME	\$34,400	\$36,950	\$39,500	\$42,050
MODERATE- INCOME	\$55,050	\$59,150	\$63,200	\$67,300

*Taken from 2015 Section 8 Low-Income and Very Low-Income Limits.

3. Please indicate how you identify yourself by checking **only one** of the following choices:

	Hispanic	Non Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|------------------------------|-----------------------------|
| 4. Please check whether you belong to a Female Headed Household: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you 65 years old or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you a veteran? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you gay/lesbian/transgender? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |