

# *Water Works!*

## *HealthPlus Fitness Center*

We are so excited to let you know about the NEW water program called Water Works! This class is designed for children and adults with special needs. HealthPlus is offering this fun and interactive opportunity every Friday afternoons from 4-5pm beginning November 7, 2008. Each class participant will be one-on-one with a volunteer for the duration of the class session.

Class fees are \$25 dollars per month for non-members and free of charge for members. **A doctor's clearance for participation in the class is mandatory.** Included in your packet is ordering information concerning water diapers in all sizes if needed.

Registration for Water Works is now open. Registration is at the Front Desk of HealthPlus. We do not accept credit cards over the phone and your registration can not be done without payment. We do not offer refunds.

Water Works registration forms are also available online at [www.healthplusfitness.com](http://www.healthplusfitness.com).

Please register by November 5, 2008. For further information please contact Keena Dowdell at [keena.dowdell@eamc.org](mailto:keena.dowdell@eamc.org) or at 334-887-5666 ext 250. for more information.

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# Water Works Registration Form HealthPlus Fitness Center

**CHILD'S NAME** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_

**PARENTS' NAMES** \_\_\_\_\_

**PHONE (w)** \_\_\_\_\_ **(c)** \_\_\_\_\_

**PHONE (w)** \_\_\_\_\_ **(c)** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ARE YOU A HEALTHPLUS MEMBER?** \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?** \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am the parent/guardian of the above named child. To the best of my knowledge the information on this form is correct. My child has permission to participate in all Water Works activities except those noted above. I certify that my child has no medical condition affecting or limiting in any way his or her ability to safely participate.

I assume all responsibility and risk of injury, loss or damage to person or property, by whatever cause (including any act or omission, negligent or other), sustained by the child, arising out of or relating to his or her presence at the Center or participation in the Swim Lesson program.

I hereby release East Alabama Medical Center, HealthPlus Fitness Center, any parent or affiliated entity, their employees, agents, successors, and representatives from any and all liability for loss, damage or injury to person or property, by whatever cause (including any act or omission, negligent or otherwise), sustained by me or my child arising out of or relating to his or her presence at the Center or participation in the Swim Lesson program.

I further agree to indemnify and hold harmless East Alabama Medical Center, HealthPlus, any parent or affiliated entity, their employees, agents, successors, and representatives from and against any and all claims for loss, damage, or injury to person or property by whatever cause (including any act or omission, negligent or otherwise) sustained by my child or any other person, arising out of or relating to his or her presence at the Center or participation in the Swim Lesson program.

HealthPlus Fitness Center may produce/reproduce any photographs, slides/videos taken of us/our child/children for publicity purposes. Signature and fee payment required before registration can be processed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_