

# Age Exception Form

Winter Springs Therapy Pool  
400 N. Edgemon Ave  
Winter Springs, FL 32708  
(407) 327-6577

The Winter Springs Therapy Pool is available to Seminole County residents and non-residents who are 55 years or older. People that are 54 years or younger must have this form completed by their physician. It is a requirement to complete registration and will need to be renewed every year until age 55. This page will be attached to the membership registration form.

Patient's Full Name		Gender <i>(Circle One)</i>	
		Female	Male
Address			
City	State	Zip	
Phone Number		Date Of Birth	
Email address			
Does the patient reside in Seminole County <i>(Circle one)</i>		Diagnosis <i>(Circle All That Apply)</i>	
Resident	Non-Resident	Arthritis	Other _____
The patient has my approval to use the pool and attend classes in water between 92° and 94° <i>(Initial One)</i>			
Yes _____		No _____	
Patient may participate in <i>(Circle One)</i>		Can the patient gradually increase intensity?	
Low Intensity	High Intensity	Yes	No
Can the patient use noodles and dumbbells for resistance while in the pool?			
Yes		No	

_____	_____
Physician Signature	Date
_____	_____
Physician's Printed Name	Phone Number
_____	
Physician's Address	

For Patient

I, \_\_\_\_\_, am deciding to participate in this Aquatic program and understand that all employees, volunteers, The Senior Association and The City of Winter Springs will not have or assume any financial responsibility or liability for the expense of medical treatments or be responsible for compensation for any injury sustained during or resulting from the participation in this course.

_____	_____
Patient Signature	Date