

Tel: 416-224-6948
Fax: 416-226-3358

285 Cummer Avenue
Toronto, ON M2M 2G1
www.stjohnsrehab.com



ARTHRITIS AQUATIC PROGRAM

WELCOME TO THE ARTHRITIC POOL PROGRAM!

Attached to this letter you will find:

1. General Information – Please retain for your records
2. Health and Safety Guidelines – Please sign the bottom portion
3. Application Form (Form 1)
4. Participant Release Form (Form 2)
5. Physician Consent Form (Form 3)

Please forward completed forms and fees to:

**St. John's Rehab Hospital
Ambulatory Care Services
285 Cummer Ave.
Toronto, ON, M2M 2G1**

Acceptance to the program is subject to:

1. Review of the Participant's Application and Physician Consent Forms
2. Receipt of payment

If you have any questions, feel free to call us at:

416-226-6780 x 7299

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GENERAL INFORMATION

SUMMER AND FALL 2011 SCHEDULE

Tuesdays	Thursdays
SUMMER PROGRAM FULL	SUMMER PROGRAM FULL
SEPTEMBER 13 TH -NOVEMBER 1 ST	SEPTEMBER 15 TH -NOVEMBER 3 RD

* The day of your class will depend on your preference and space availability.

* Dates are subject to change due to changes in hospital schedule, pool maintenance, and other unforeseen circumstances.

Fees Schedule:

- \$100.00 per session. Each session includes 8 classes.
- There are no refunds or make-up times for missed classes.
- You may only attend class for your scheduled days.
- The fee includes all exercise classes, use of the pool, showers, and change room

Please make cheques payable to: **St. John's Rehab Hospital**

To make payments in person please go to our Patient Accounts Department (located on the first floor)

Please make sure you have included all of the following:

1. Application Form (Form 1)
2. Participant Release Form (Form 2)
3. Physician Consent Form (Form 3)
4. Payment

* Incomplete applications will not be accepted

Pool Location:

- Ground floor of Beatty Wing.
- The pool can be reached by using the elevator or stairs near the Outpatient Clinic's desk.
- Parking is available for \$7.00* for 1 hour to a maximum of \$14.00* (15% discount is available for pool participants). * Prices are subject to change without notice.

General Pool Information

- Pool classes are led by a trained instructor
- Classes begin Tuesday's at **8:15am-9:00am or 3:30pm-4:15pm from September 13, 2011 – November 1, 2011 or Thursday's at 3:30pm-4:15pm from September 15-November 3, 2011**
- Please arrive by 3:15 p.m. for the afternoon pool or at 8:00a.m. for the morning pool to allow you the time to prepare for the pool.
- Bring your own bathing suit, towels and refreshments. We advise you to come wearing your bathing suit under your clothes.

How to contact us?

Arthritic Aquatic Program **416-226-6780 x7299**

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Health and Safety Guidelines:

1. Participants with heart and/or lung conditions requiring nitroglycerin or inhalers must bring these medications to the pool area.
2. Participants must not enter the pool if they have diarrhea, open sores, skin irritations/rashes, athletic foot, plantar warts, urinary tract infection, bladder/bowl incontinence
3. The use of sanitary pads is not permitted in the pool.
4. No creams or lotions should be applied prior to entering the pool.
5. Extremely dry, flaking skin must be cleaned off prior to entering the pool.
6. Participants are requested not to chew gum in the pool area.
7. Visitors are not permitted in the pool area unless there is a special need, e.g. interpreter services.
8. Swimming and head submersion is not permitted during pool sessions.
9. Participants must adhere to the instructions given by the pool instructor at all times.

Prior to entering the pool:

1. You will receive a rinse shower . For safety reasons no soap is allowed in the pool areas.
2. It is recommended that you wear rubber-soled shoes in the change room and shower area for hygienic reasons.
3. Long hair must be tied up or tucked in a showering/bathing cap so it does not touch the water.

Please help us keep our pool clean and safe for all users by adhering to the above guidelines.

Participants who do not observe the above regulations will not be permitted in the pool.

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I have read and understood the above **Health and Safety Guidelines** and agree to comply with the above regulations.

Client's Signature

Date