



Aquatic Programs – Sticht Center

Sticht Center Warm Water Pool, Ground Floor
Information line: 336.713.8082 Email:
aquaticrecreation@wakehealth.edu

Dorian Thomas: 336.713.8190
Brenda Ngetich: 336.713.8082
doathoma@wakehealth.edu
bngetich@wakehealth.edu

Thank you for your interest in the **Aquatics Program** at Atrium Health Wake Forest Baptist. This packet includes class descriptions and program application.

You do not have to know how to swim to enroll in classes. Classes are led by qualified personnel trained in fitness, arthritis and water safety. The warm water pool is located on the ground floor of the J. Paul Sticht Center, Atrium Health Wake Forest Baptist campus.

Please complete and return the enclosed Aquatic Program Enrollment form. This form includes applicant information and release form to be completed by you and diagnostic verification form which you and your physician need to sign.

What you will need: please bring with you water shoes to wear in the pool area. We encourage you to eat a light meal or snack 2 hours prior to class time and drink lots of water!

Just for you at the Sticht Center pool:

- Towel service
- 90° pool water
- Small class sizes
- Certified Arthritis Instructors
- Aquatic Fitness Programs
- Licensed Recreational Therapists
- Accessible locker rooms & showers
- Zero entry and accessible pool lift
- Learn to Swim Lessons are available for children 4-12.
- Parent-Tot program is available for Children 6 months to 3 years.
- 1:1 Aquatic Therapy

When we receive your application, we will contact you regarding your placement in the program. If you have any questions, please call the Aquatic Information Line 336.713.8082. If you prefer to fax your application, please fax to 336.713.8193.

Aquatic Programs
Sticht Center - PO Box 571207
Winston-Salem, NC 27157-1207

EXERCISE ON YOUR OWN OPPORTUNITIES:

These classes offer personalized aquatic exercises that you complete at your own pace. Staff are on-site. **Fee: 2 x per week \$30.00/month**

On Your Own:

Monday through Thursday	8:30am-9:30am, 12:30pm-1:30pm
Monday, Wednesday, Thursday	9:30am-10:30am
Tuesday/Thursday	1:30pm-2:30pm
Monday/Wednesday	11:30am-12:30pm

INSTRUCTOR-LED CLASSES (Moderate to High Intensity):

Cardio Splash Class:

Tue/Thu: 10:30-11:30am **Fee: \$40/month**

A cardiovascular water exercise program for adults designed to help you improve cardiovascular endurance with moderate impact on joints.

INSTRUCTOR-LED CLASSES (Low Intensity):

Arthritis/Fibromyalgia/Chronic Pain Class: Low intensity aquatic program includes a series of Arthritis Foundation approved exercises which can help improve joint flexibility and reduce pain and stiffness.

Mon/Wed: 10:30-11:30am, 2:30pm-3:30pm	Fee: \$40.00/month
Wed: 1:30pm-2:30pm	Fee: \$20.00/month

Chronic Pain Class: Low intensity, instructor-led class focusing on reducing chronic pain through relaxation, muscle strengthening, and stretching utilizing a variety of equipment to reduce stress and chronic pain.

Tuesday/Thursday: 11:30am-12:30pm **Fee: \$40.00/month**

Parkinson's Aquatic Class: Low to moderate intensity exercise program focusing on increasing coordination, endurance, and mobility. Specifically designed for Parkinson's Disease and other mobility disorders.

Monday: 1:30pm-2:30pm **Fee: \$20.00/month**

PROGRAMS FOR CHILDREN (please call for information)

Learn to Swim: Days of the week vary depending on interest and the season. The fee is \$60.00 (\$50.00 for class and \$10.00 registration fee). Classes are 30-45 minutes and class sizes are small. Must pre-register

Parent & Tot: Availability depends on interest. Parents work with their children on water adjustment skills in preparation for beginning swimming skills.

AQUATIC THERAPY FOR ADULTS AND CHILDREN (please call for information)

Individual aquatic therapy is provided by a licensed recreational therapist to address everything from fitness to neurological issues. Sessions are 30-45 min in length and are available on Fridays. The **fee is \$30.00-\$45.00 per session.**

AQUATIC PROGRAM ENROLLMENT

(Includes release form and diagnostic verification form)

Name: _____ Age: _____ Birthday _____

Address: _____

Phone: _____ Cell Phone: _____

Email address: _____

► **Class I am interested in:** _____ **Time:** _____

I am able to dress, shower, exit/enter pool environment without assistance ____ Yes ____ No

If assistance is required, I will be able to provide someone to assist me ____ Yes ____ No

I am independent with mobility via ambulation or device for a minimum of 100 feet ____ Yes ____ No

I am independent with toileting needs? ____ Yes ____ No

My skin is free of open wounds, tears or rashes. ____ Yes ____ No

I am aware of the safety precautions that are required within a pool environment. ____ Yes ____ No

I learned about the Aquatics Program via _____.

Release Form

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that my participation is at my own risk. If my application for the Aquatics Program is accepted, I am permitted to participate 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 damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs. I also 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. I hereby grant permission for Atrium Health Wake Forest Baptist to access my electronic medical record for purposes of any medical emergency arising from my participation in the Aquatic Program(s).

Signature _____ *Date* _____

Diagnostic Verification Form – for Applicant to sign.

I give permission to Dr. _____ to complete this form.

Signature _____ *Date* _____

FOR PHYSICIAN TO COMPLETE:

Your patient is interested in a warm water exercise program consisting of range-of-motion, muscle strengthening, and endurance-building activities. Aquatic classes are intended to provide a general exercise program and not intended as a prescribed therapy. If your patient requires prescribed therapy instruction, you may want to refer them to a therapist prior to participation in this program.

My patient, named above, has the following type of disease/condition: _____

Limitations/Precautions: _____

Physicians signature _____ *Date* _____

2024 AQUATIC CLIENT INFORMATION

Name: _____ Date of Birth: _____

Home Phone: _____ Cell: _____ Work: _____

Address _____

City: _____ Zip: _____

E-mail Address: _____

Emergency Contact Person _____ Phone: _____

Do you have a history of the following: (Please circle)

Diabetes	Yes	No
Seizures	Yes	No
Heart Condition	Yes	No
High Blood Pressure	Yes	No
Shortness of Breath	Yes	No
Allergies	Yes	No
Asthma	Yes	No

If yes to any of the above please explain _____

Any other health conditions? _____

I am allergic to: _____

Please list any medications you are currently using: _____

Comments or updates:

Notice of Privacy Practices Acknowledgment

Please see page 2 for Notice of Privacy Practices Acknowledgement

The Wake Forest Baptist Health Notice of Privacy Practices states how we may use and release your health information. By signing below, you (or your legal representative) agree that you have been offered the opportunity to review the Wake Forest Baptist Health Notice of Privacy Practices, which has been revised as of September 23, 2013.

Printed Name _____

Signature _____ Date _____

FOR ATRIUM HEALTH WAKE FOREST BAPTIST USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain their acknowledgment and the reason you could not obtain it:

Please note the Policy may be found on the bulletin board in the Aquatic Department.