



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WATER RECOVERY

Aqua Stretch TownLake YMCA



www.austinyymca.org

This water fitness class restores mobility, decreases pain, increases training efficiency as well as sports performance and enhances general well being.

- Aqua Stretch is a ground breaking technique that has clinically proven results in rehabilitation and athletic performance.
- 30 minute sessions are \$40 for Y Members and \$80 for Non-Members.
- 50 minute sessions are \$60 for Y Members and \$120 for Non-Members.
- Questions? Contact Sandy at 512.529.1142 or sandyswm333@gmail.com.

PARTICIPANT NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

MEDICAL CONCERNS (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months): _____

Session Selection: 30 minutes # _____ sessions 50 minutes # _____ sessions

Office Use Only: _____ Staff Initials \$ _____ Amount Paid Date: ___/___/___

AQUA STRETCH

Program Information

How will this program help me?

Decreases recovery time after intense or excessive exercise

- Becomes a regular part of athletic conditioning
- Often immediately or dramatically resolves fascial adhesions
- Creates profound relaxation making you feel calm, loose, and mobile

How does this program work?

One-on-one, assisted stretching and myofascial release technique performed using weighted resistance in shallow water. By creating an environment where the client's body moves intuitively to facilitate releases, Aqua Stretch promotes immediate and lasting results. We like to call it an in-water massage!

How many sessions will I need?

Depending on your body, some clients only need to come twice per month or once per month.

How will I schedule my sessions?

Once you register for sessions, our trained certified instructor will contact you to schedule your appointment based on your needs and pool availability within five (5) business days.

Please INITIAL or ANSWER all lines to indicate received written policies / materials and agree to terms with SIGNATURE below.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that I require emergency medical treatment, I hereby authorize the Y staff to make arrangements to transport me to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for myself during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ **Waiver for Photo/Video/Audio Release (OPTIONAL):** I give my consent for any photos, video, and/or audio taken of myself involved in Y programs to be used for Y promotions, trainings, and/or displays.

_____ **Change/Cancellation/Refund Policy (REQUIRED):** I understand that changes/cancellations/refunds are not permitted with the aquatics department unless a physician's note is submitted stating the inability to complete the class. Classes canceled due to inclement weather, holiday, illness, or unforeseeable circumstances will not be rescheduled or refunded. Of note, there will be a \$15 fee for any transfers.

Additional Notes (REQUIRED): Financial assistance is available for all those who qualify. For any questions, please contact Sandy at 512.529. 1142.

Signature: _____

Date: _____