

Dear Beyond Birth Aqua Moms' class participant,

Thank you for registering into the Beyond Birth Aqua Moms' class.

Please note the following information regarding your class:

You have registered for an evening class; the class meets two times a week on Monday & Wednesday evenings for six weeks (12 sessions). Time of the class is: 7:30 PM -8:20 PM.

To participate in this class, you need to sign the waiver found below and have your doctor sign the medical clearance form, also found below. Please bring both completed documents with you to the first class and give to the instructor, or you may fax the documents to the Beverly Hills Club at 248-642-7418.

Please bring your bathing suit and towel to class. We also recommend wearing aqua shoes. Locker room facilities are available, and you will need to bring your own lock.

There is no lifeguard on duty during this class.

If you have any questions about your class, please feel free to contact us. We look forward to meeting you soon!

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Beaumont® | HEALTH SYSTEM
Beyond Birth Aqua Moms' Exercise Release and Waiver Form

Class Exercise Location: Beverly Hills Club, 31555 Southfield Rd.

Name _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Work/Cell Phone _____

I choose to participate in the progressive Beyond Birth Aqua Moms' (post-natal) exercise-fitness program offered by Beaumont Health System. I understand that there are potential risks involved in any exercise activities, and that I could experience physical problems during the exercise program, including abnormal blood pressure, fainting, heartbeat disorders and, in rare instances, heart attack. I also understand that I could experience muscle, back, or bone injuries during exercise. To my knowledge, I do not have any limiting physical conditions, which would prevent me from participating in the progressive Beyond Birth Aqua Moms' exercise-fitness program. I release Beaumont from any liability if I experience any physical problems as a participant in this post-natal exercise-fitness program, and I waive any right, actual or presumed, to bring a cause of action against Beaumont if I have any physical problems (injuries, illness, or other complaint) as a participant.

I've been informed that I must have a physician's approval to participate in Beyond Birth Aqua Moms' exercise-fitness program. I also understand that if I experience changes in my health, I must provide another physician approval. I am aware that no lifeguard will be on duty during the Beyond Birth Aqua Moms' Program. I accept complete responsibility for my health and well-being in this post-natal exercise-fitness program and understand that no responsibility or liability is assumed by the instructor, Beverly Hills Club or Beaumont Health System.

Signature of Participant _____ Date _____

Please complete:
 Are you presently taking any medications? _____ If yes, what _____

Do you have:	Yes	No
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Lung problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
High blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty exercising	<input type="checkbox"/>	<input type="checkbox"/>
Muscle, joint or back disorders	<input type="checkbox"/>	<input type="checkbox"/>
Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>
Advise from a physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
Overweight, more than 20 pounds	<input type="checkbox"/>	<input type="checkbox"/>
Surgery within the last 3 months	<input type="checkbox"/>	<input type="checkbox"/>
History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>

Date of your baby's birth _____

Any birth complications _____

Any other medical problems _____

Personal goals for this class or other comments: _____

Are you interested in fitness membership information? Yes No Maybe

Your Physician Approval Form (on back) must be signed by your physician *prior* to the first class.

Physician Approval Form

Dear Doctor:

Your patient, _____, wishes to start a personalized post-natal exercise-fitness program tailored to healthy new Moms. The program, Beyond Birth Aqua Moms', involves aerobic and resistive exercise in a pool. No lifeguard is on duty during the class.

Please evaluate your patient and inform her of any restrictions you may recommend. If health changes occur, please advise patient that a re-evaluation is needed. Please indicate below your approval of your patient's participation in Beyond Birth Aqua Moms' exercise class:

My patient may participate without any restrictions in **Beyond Birth Aqua Moms'**.

My patient may proceed in **Beyond Birth Aqua Moms'** with the following restrictions:

If your patient is taking medications that will affect her heart rate response to exercise, please indicate the medication and the manner or the effect (raises, lowers or has no effect) on the heart rate response.

Medication: _____

Effect: _____

Physician's Signature

Date

Physician's Name *Please Print*

Office Phone

Thank you for your assistance!

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