

ETMC Aqua Kids Personal Information and Health Questionnaire

CHILD'S NAME: _____

PARENT'S NAME: _____

HOME PHONE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX: M F**

IN CASE OF EMERGENCY CALL:

Name: _____ Relationship: _____

Telephone: 1) _____ 2) _____

Session # _____
Class _____

- | | | |
|--|-----|----|
| Has your child ever been diagnosed with a heart murmur? | Yes | No |
| Has your child ever had high blood pressure/cholesterol? | Yes | No |
| Has your child ever been dizzy or fainted during exercise? | Yes | No |
| Has your child had any close relatives die of a heart problem or other disease before the age of 50? | Yes | No |
| Has your child ever been diagnosed with diabetes? | Yes | No |
| Does your child have a seizure disorder? | Yes | No |
| Does your child have serious problems exercising in the heat? | Yes | No |
| Does your child have asthma or other breathing problems? | Yes | No |
| Has your child ever had a concussion or serious head injury? | Yes | No |
| Does your child take prescription medication for any condition? | Yes | No |

Comment on any "yes" answers above: _____

PARENT/GUARDIAN RELEASE FOR PARTICIPATION

As parent and/or guardian of the above named participant ("Child"), I hereby give my consent and permission for my Child (or Ward), to participate in the ETMC Rehabilitation Center's Children's Swim Lessons ("Program").

I agree that my Child's participation in this Program will involve various modes of exercise. I understand appropriate safety precautions will be used for preventing injury. I also understand the associated risks with participating in physical activity including, but not limited to, muscle soreness, orthopedic injuries (ankle, knee, etc.) and, rarely, cardiac arrest.

I hereby voluntarily absolve and hold harmless East Texas Medical Center Regional Healthcare System and any of its related companies (including East Texas Medical Center Rehabilitation Center), and any of its officers, directors, employees, agents, representatives, or contractors against any and all claims, demands, damages, causes of action or legal actions for damages or injuries including any and all costs, expenses and liabilities that might be incurred in connection with those claims arising or alleged to have arisen in connection with the participation of the Child in the Program.

 Parent/Guardian Signature _____
 Date

Payment is required to hold your child's place in class

Return Fax: (903) 596-3479

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