

TOWN OF DELHI AQUATICS

SUMMER 2024 WATER AEROBICS

HEATED OUTDOOR POOL
215 Page Avenue, Delhi NY 13753
Phone: 607-746-8696x1
Fax: 607-746-7847
Email: swim@townofdelhi.org
Swim Director: John Kolodziej

Class Dates:

Monday – Thursday

Begins Monday, June 24, 2024 and Ends Thursday, August 1, 2024

Time:

10:00 AM – 11:00 AM

Instructor: Rebekah Mowers

Cost:

\$100.00 per person for 18 classes

\$50.00 per person for 9 classes

(Only \$5.55/class, create your own schedule and come to aerobics class on any day M-Th up to 9 or 18 times)

Make checks payable to: Town of Delhi

This form must be completed and returned along with your check to the Town of Delhi Clerk's Office at 5 Elm Street, Delhi NY 13753 before you are allowed to enter the water for your first session.

(Please print clearly)

Name: _____
Address: _____
Home Phone Number: _____ Cell: _____
Email: _____
Emergency Contact Person: _____ Phone Number: _____
Physician: _____ Phone Number: _____

(You will be notified of via email any class cancellation due to an emergency)
Please complete the attached health screening form.

**Health screening
(must be completed in full)**

HAVE YOU EVER HAD?**DO YOU PRESENTLY HAVE?**

High Blood Pressure	YES	NO	YES	NO
Heart Disease/Chest Pain	YES	NO	YES	NO
Diabetes	YES	NO	YES	NO
Epilepsy	YES	NO	YES	NO

If you presently have any of the above conditions, are your symptoms controlled by medication?

Arthritis	YES	NO	YES	NO
High Cholesterol	YES	NO	YES	NO
Low Blood Pressure	YES	NO	YES	NO
Asthma	YES	NO	YES	NO
Lung Disease	YES	NO	YES	NO
Difficulty Breathing with Exercise	YES	NO	YES	NO
Pain or Cramps in the Legs	YES	NO	YES	NO
Dizzy Spells with Exercise	YES	NO	YES	NO
"Bad Back"	YES	NO	YES	NO
Ankle, Knee, Shoulder Problems	YES	NO	YES	NO
Have you had surgery during the past 3 months?	YES	NO		

If yes, please explain:

Are there any other health conditions that your exercise instructor should be aware of?

If so, please explain: