



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Date: _____ Staff Member: _____

Aquatic Rehab

Aquatic Rehab is 60 minutes in length and can be set up for 1, 4, 6, or 10 sessions. Appointments must be concurrent and finished within 90 days of expected end date from original start date.

Participant's Name: _____

Parent's Name (if applicable): _____

Phone Number(s): _____

Best Time to Call: _____

Preferred Day & Time: _____

Age of Participant: _____

Requesting: 1, 4, 6, or 10 (please circle one)

	Members	Non-Members
Per session	\$50	\$60