

The Janet Pomeroy Center
Herbst Pool
207 Skyline Blvd. S.F., CA 94132
(415) 665-4241 or (415) 665-4109 x 5204

Website: www.janetpomeroy.org / email: aquatics@janetpomeroy.org

New Applicant

Application Renewal

Therapeutic Swim and Arthritis Foundation Exercise Program:

To apply:

1. Fill out the Application/Personal Information form.
2. Have your **physician** complete the Medical form.
3. Attach your \$25.00 processing fee.
4. **Mail**
(Please do not fax or hand deliver) both to:

The Janet Pomeroy Center Herbst Pool 207 Skyline Blvd. San Francisco, CA 94132 Attention: Therapeutic Swim and Exercise Coordinator
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You will be notified by mail if you are accepted to the program. If you have any questions about the application or the program, please contact the Therapeutic Swim and Exercise Coordinator, at **(415) 665-4109 x 5204**. Feel free to leave a message; your call will be returned.

General Information:

Pool:

Our Therapeutic Swim and Arthritis Foundation Exercise Program is designed to provide exercise classes and swim time for those who have been prescribed aqua-therapy by their physician.

Note: We do not have therapists or doctors on staff. Be sure to ask your doctor what exercises you can and cannot do in the pool. Hours are limited; please see schedule for class times and fees.

A wheelchair ramp, ladders, and graduated steps provide access to the pool. Our pool temperature is kept between 90-93°. Please bring any pool equipment you may need.

Weight Room:

We have a weight room available for use during certain times for an additional fee. Clearance is needed from your doctor. Hours are limited; please see schedule for class times and fees.

Information about Aides:

We do not have aides. Swimmers must bring a friend or family member with them to the pool if assistance will be needed (a separate personal information sheet must be submitted for each aide). An aide is a responsible adult who will accompany the client in the dressing room and stay within arms reach in the pool at all times.

Please attach your \$25.00 processing fee.

Therapeutic Swim and Arthritis Foundation Exercise Program

Date: _____

Personal Information:

Name (first & last): _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____
(of person *not* swimming with applicant)
Address: _____ City: _____ Zip: _____
Phone: (day) _____ (evening) _____

Name: _____ Relationship: _____
(of person *not* swimming with applicant)
Address: _____ City: _____ Zip: _____
Phone: (day) _____ (evening) _____

Please read and sign the following waivers:

I have read and agree to follow the Herbst Pool Rules.

Signature: _____ Date: _____

Release and Waiver of Liability and Indemnity Agreement

The undersigned hereby acknowledges to have read and understand and to abide by RCH facility rules and regulations. The undersigned further agrees to assume full responsibility, risk of bodily injury, death or property damage and to indemnify, save and hold harmless RCH, its directors, officers, employees, and agents from all liability and claim, cause of action obligation and/or damages arising our of accident, injury or death suffered while using any facility or equipment in, upon, or about the premises of RCH. The undersigned further states that the information provided on this application is complete and updated to the best of his/her knowledge.

Signature: _____ Date: _____

Release of Medical Information

I hereby give permission to Dr. _____ to provide the medical information to The Janet Pomeroy Center and emergency medical personnel. I understand that this information is confidential. I understand that this information will become part of my permanent record at RCH.

Signature: _____ Date: _____

All applicants will be accepted to the Therapeutic Swim and Arthritis Foundation Exercise Program without regard to race, sex, national origin, ancestry, religious belief, gender, sexual orientation, marital status, age or disability; provided that:

- Complete application and medical information is submitted, including required signatures.
- Applicant's current medical diagnosis is not contagious through normal contact and does not present him or herself as a risk or danger to staff or other program participants.

****Physicians****

**** Please read before authorizing patient to use our facilities. ****

The Therapeutic Swim and Arthritis Foundation Exercise Program began in 1976 to serve members of the community who have a need for a warm water pool. The program is designed to provide arthritis exercise classes, and swim time for those individuals with arthritis, or recovering from illness or injury. Please Note: We do not have physical therapists or doctors on staff.

**** No aides are provided to assist persons into, out of, or within the water and dressing rooms!!!**

If assistance will be needed swimmers are required to bring an aide. An aide is a responsible adult who will accompany the client in the dressing room and within arms reach in the pool at all times.

There is no charge for the aide to use our facilities but an additional aide application is required.

The wheelchair ramp, ladders, and graduated steps provide access to the pool.

The pool temperature is kept between 90-93°; the warm water and air provide a comfortable environment for our swimmers.

Some specialized water equipment is available including water wheelchairs. We also have a limited supply of aquatic equipment available for use (such as kickboards, flotation belts, life vests and inner tubes). Swimmers are encouraged to bring their own aquatic equipment to the pool. We provide dressing rooms with showers and co-ed dressing rooms.

We also have a weight room available for use. Please specify if person is approved to use weight room on the medical form, and be sure to specify what they can and cannot do.

Transportation is not provided.

Please see the back of this letter for the Medical Form. Please print or type all information and attach your business card or stamp the form with your business information.

If you have any questions about the application or the program, please contact the Therapeutic Swim and Exercise Coordinator, at **(415) 665-4109 x 5204**. Feel free to leave a message; your call will be returned.

Thank you for your assistance,

All applicants will be accepted to the Therapeutic Swim and Arthritis Foundation Exercise Program without regard to race, sex, national origin, ancestry, religious belief, gender, sexual orientation, marital status, age or disability; provided that:

- Complete application and medical information is submitted, including required signatures.
- Applicant's current medical diagnosis is not contagious through normal contact and does not present him or herself as a risk or danger to staff or other program participants.

Therapeutic Swim and Exercise Medical Form

To be completed by Applicant's Physician

This form is valid for 2 years unless otherwise noted by physician.

For Office Use Only	
REC'D ON:	_____
APR'D BY:	_____
MEDICAL EXP:	_____
RECEIPT #:	_____

First Name: _____ Last Name: _____

Disability: _____

Is patient approved to use dry land weights/weight machines/stationary exercise machines?

Yes No

Please check Yes or No for the following health-related conditions:

	Yes	No		Yes	No
Allergies			Open Sores		
Independent Ambulation			Epilepsy/Seizures		
Ear/Auditory			High Blood Pressure		
Eye/Vision			Skin Infection/Rashes		
Cardiac History			Communicable Diseases		
Emotionally Challenged			Incontinence		
Behaviorally Challenged			Diabetes		
Requires the assistance of an **AIDE (See back of form)			Other:		

Current Medications and Side Effects:

Physical Limitation or Activities Contraindicated:

Treating Physician (Please print legibly): _____

Medical Facility Name: _____

Address: _____

Phone: _____ Email: _____ Website: _____

Physician's Signature: _____ Date: _____

Swimmers may not enter the water without a current medical form on file.

HERBST POOL

Lap Swimming Rules

1. All decisions of the Lifeguard are **Final**.
2. There are 2 lane lines in the pool making 3 lanes for lap swimming.
The far lane is a slow speed lane, closest to the street.
The middle lane is a slow-medium speed lane.
The closed lane is only used for walking and exercise.
3. Always swim down on the right side and come back on the right side.
4. **When swimming choose a lane that fits your ability and speed. If directed by the Lifeguard, please change lanes as needed.**
5. If you have to rest please rest at the end of the pool.
6. **Please do not pass anyone in your lane while swimming.**
7. Please do not hang on the lane lines.
8. For your safety and comfort follow all the rules.

Herbst Pool Rules

1. All decisions of the Lifeguard are **Final**.
2. No one is to be on the pool deck or in the swimming pool without a lifeguard on duty.
3. Leave your valuables at home; it is never worth the risk of loss or theft. We do not have lockers, and we are not responsible for lost or stolen articles.
4. All swimmers must check in at the front desk before swimming. Please show your swim pass.
5. Before entering the pool- remove all band-aids, jewelry, hairpins, contact lenses and gum.
6. **Everyone must shower fully before entering the pool-** this means hair, too! **Please take a brief (2 minute) shower after swimming. You will have 20 minutes after swimming to leave the dressing room.** This will allow our custodians time to clean before the next group or before the facility closes.
7. **Do not leave personal items in the dressing or shower rooms!** You must bring everything out to the pool deck. Please utilize the green pool clothesbasket and hang items in the appropriate pool area. **Please do not leave items on benches.**
8. Any swimmers who have seizures or other serious medical conditions are strongly encouraged to inform the lifeguard before swimming.
9. No food, drink or smoking on the pool deck or in the dressing rooms.
10. **NO DIVING!!** No running on the pool deck.
11. Do not allow children to play on, under, or crawl through hand railings. No standing or sitting on the bulkhead.
12. Please report any incidents or injury to the Aquatics Staff, no matter how minor.
13. **Do not enter the pool until your designated time.** Swim times are run by the pool deck clock. Please exit promptly after the Lifeguard signals.
14. **All equipment must be returned after use;** Please help us keep the pool deck clean and safe.
15. Please do not sit or stand in front of the lifeguard, any emergency equipment, or the office door. We need immediate access to these areas in case of an emergency.
16. We evacuate the pool area in case of earthquake and fire. Please follow lifeguard's directions for pool and facility evacuation.
17. **Lifeguard whistles:** 1 short blow- look to the lifeguard.
1 long blow (or signal from air horn)- clear the pool and follow any directions given.
18. All swimmers must supply their own bathing suit, towel, swim diapers and any other needs for swimming, including an aide in the water, and dressing room.

Arthritis Foundation Exercise Program / Swim Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
8 am - 8:55 am Lap Swim	8 am - 8:55 am Lap Swim	8 am - 8:55 am Lap Swim	8 am - 8:55 am Lap Swim	8 am - 8:55 am Lap Swim
9 am - 9:55 am Open Swim	9 am - 9:55 am Open Swim	9 am - 9:55 am Open Swim	9 am - 9:55 am Open Swim	9 am - 9:55 am Open Swim
11-11:55 pm Open Swim	12 - 12:55 pm Aquatic Exercise Class			
1 pm - 1:55 pm Aquatic Exercise Class	1 pm - 2:55 pm Open Swim	1 pm - 1:55 pm Aquatic Exercise Class	1 pm - 1:55 pm Aquatic Exercise Class	
		2 pm - 3:55 pm Open Swim		2 pm - 2:55 pm Aquatic Exercise Class
	5 pm - 5:55 pm Lap Swim	5 pm - 5:55 pm Lap Swim	5 pm - 5:55 pm Lap Swim	5 pm - 5:55 pm Lap Swim

Therapeutic Swim Fees

1-Swim Pass \$7.00

10-Swim Pass \$65.00

6 Month Pass \$350.00

1 Year Pass \$575.00

- **LAP SWIM** - Lane Lines divide the pool into a slow swimming lane, a medium swimming lane, and an open lane for general resting and exercising.
- **OPEN SWIM** - No Lane Lines are provided during this time. People are encouraged to do their own exercise.

Arthritis Foundation Exercise Program Fees

Exercise instruction begins 15 minutes after the hour.

1 -Class Pass \$9.00

10-Class Pass \$85.00

6 Month Pass \$350.00

1 Year Pass \$575.00

- **AQUATIC EXERCISE CLASS:** Low-intensity, low-impact program for people with Arthritis.

Classes are 30 minutes long.

Exercise instruction begins 15 minutes after the hour.

Schedule and prices subject to change at any time!