Community Aquatics Program

909 N. Washington Ave. | Dallas, TX 75246
(phone) 214.820.9396 | (fax) 214.820.8802

Benefits

Providing disabled community members an accessible aquatic facility for individual water exercise.

Activities

Pool lanes are open for swimming laps and aquatics equipment is also available. The facility is supervised by a certified staff member of the aquatics department at Baylor Scott & White Institute for Rehabilitation.

Facility Availability

Baylor Scott & White Institute for Rehabilitation's aquatics center in Dallas will be open to the community Monday through Friday from 9:00 a.m. to 4:30 p.m., with extended hours until 6:30 p.m. on Monday and Wednesday.

*Each participant must have a current dated physician's permission form from his/her physician and community release form. Referral must be updated at least annually or when individual status changes.

Community Aquatics Program Guidelines

1. A physician referral and release form is required before starting the program.
2. Renew your forms every year.
3. Payment is due in advance – cash or check only. The price is $30.00 for 10 visits.
4. Pool entry and exit is your responsibility.
5. Please bring your own towels, toiletries, and personal lock for lockers.
6. Wear appropriate attire (dark colors).
7. If assistance is needed, each participant must bring an attendant.
8. Children are not allowed in the pool.
9. Be courteous and keep voices low.
10. Aquatic staff can ask you to leave if rules are not followed.
11. All equipment is available, but PLEASE PUT IT BACK.
12. Parking vouchers are provided.

Baylor Scott & White
INSTITUTE FOR REHABILITATION

Community Aquatics Program Release Form

Last Name First Name

Street Address

City State Zip

Telephone Number Email

In case of emergency contact:

Name_____

Address: _____

Phone: _____

In consideration of Baylor Scott & White Rehabilitation's acceptance of this application, I hereby, my heirs, executors, and administrators, waive and release any and all rights for damages I or any other persons connected to the program may have against Baylor Scott & White Health, or any other persons connected with this program, their agents, representatives and assigns for any and all injuries suffered by; or illness to, myself resulting from participation in this program.

Signature

Print Name Date

Baylor Scott & White
INSTITUTE FOR REHABILITATION

Member Medical Information Form

Do you have any medical conditions related to the following?

Heart	☐ Yes	☐ No	**Balance Disorders**	☐ **Yes**	☐ **No**
Lungs	☐ Yes	☐ No	**Diabetes**	☐ **Yes**	☐ **No**
Bone/Joint Injuries	☐ Yes	☐ No	**High Blood Pressure**	☐ **Yes**	☐ **No**
Seizure	☐ Yes	☐ No	**Circulatory**	☐ **Yes**	☐ **No**
Urinary or Kidney	☐ Yes	☐ No	**Neurological**	☐ **Yes**	☐ **No**
Dizziness	☐ **Yes**	☐ **No**	**Spinal Disease**	☐ **Yes**	☐ **No**
Fainting	☐ **Yes**	☐ **No**	**Pacemaker**	☐ **Yes**	☐ **No**

Please explain all yes responses: _____

_____

_____

Signature: _____ **Date:** _____

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INSTITUTE FOR REHABILITATION

Community Aquatics Program Physician Referral Form

(phone) 214.820.9396 | (fax) 214.820.818.9588

Patient Name

Diagnosis Onset

Does this patient have your permission to participate in an aquatics fitness program?

Yes ☐ No ☐

Does this patient have your permission to use a whirlpool with a water temperature of 100-102 degrees?

Yes ☐ No ☐

Are there any restrictions this patient has in order to participate in an aquatics fitness program?

Yes ☐ No ☐

If yes, please list restrictions and precautions:

Referral form must be renewed after one year.

Physician Signature Date

Physician Printed Name

Address

City State Zip

Phone Fax