



Program Enrollment Process

CLASS	DAYS	TIMES	FACILITY LOCATION	VWC MEMBER	NON-MEMBER
Arthritis (2 days)	M & W	11:00-12:00pm	Vidant Wellness Center (Warm Water Pool)	\$14 / month	\$26 / month
	T & Th	11:00-12:00pm			
	T & Th	5:30-6:30pm	Regional Rehab Center (Hospital Pool)		
Arthritis (3 days)	M, W, & F	7:45-8:45am	Vidant Wellness Center (Warm Water Pool)	\$22 / month	\$32 / month
	M, W, & F	10:00-11:00am			
	M, W, & F	12:00-1:00pm			
	M, W, & F	1:00-2:00pm			
Pain Mgmt. (2 days)	T & Th	12:00-1:00pm	Vidant Wellness Center (Warm Water Pool)	\$14 / month	\$26 / month

**Monthly registration deadline – due by the 25th of the month prior to desired start.*

1) Review Program Description (pg. 2-4)

2) Turn in Required Form(s)

- Turn in the following to the Vidant Wellness Center Front Service Desk:
 - Program Application Form & Waiver (pg. 5-6)
 - Participant Auto Draft Form (pg. 7)
 - Participant Self Report Form (pg. 8)

3) Program Enrollment

- A member of the Aquatics Department will contact you & based on availability, participant will be assigned to a class that most closely accommodates request.
- Once enrollment is completed, monthly program fees will be drafted for specified class.



Program Description

The Aquatic Specialty Group Exercise Program, hosted by the Vidant Wellness Center (Greenville), is available to those living with rheumatic or chronic pain conditions; participants are led by experienced instructors through low impact exercises in a soothing warm water setting. Clients must be capable of accessing the pool unassisted by staff, independently mobile in the water (unregistered persons, facilitators, etc. are not allowed to accompany participants into the pool), & able to process directions as instructed, requiring minimal individualized attention.

Aquatic Exercise Classes

- **Arthritis Program (*Arthritis, Fibromyalgia, etc.*)** – these classes are approved by the Arthritis Foundation & designed specifically to reduce inflammatory joint pain, as well as maintain or increase mobility.
- **Pain Management Program (*from injury, disease, etc.*)** – these classes combine principals used in the Arthritis Program with components of low level exercise to sooth & strengthen areas limited by chronic pain.

Facility / Session Structure

Classes are offered at both the VMC Regional Rehabilitation Center (Hospital Pool), which is ideal for warm water programming & the Vidant Wellness Center that affords an abundance of amenities. Space is dedicated to this program during its scheduled time(s).

Description	Vidant Wellness Center	Regional Rehab Center
Instructor / Client Ratio	1 instructor : 16 participants	1 instructor : 16 participants
Pool Location	VWC Therapy Pool (2610 Stantonsburg Rd.)	VMC Regional Rehab Center (2102 Stantonsburg Rd.)
Pool Depth	4' – 5' with a mild slope	3' – 5 ½' with a mild slope
Water Temperature	Ranges 88° – 92°	Ranges 90° – 92°
Parking Information	Member Parking Lot	VMC Rehab Visitor's Parking Lot <i>(*Note VMC Employee parking rules)</i>

Vidant Wellness Center 2019 Aquatic Specialty Program



Program Application Form

(Submit one per participant)

Name: _____

Date of Birth: ____/____/____

Affiliation: VWC Member (#: _____)

Client is a: New Client

Non-Member (#: _____)

Returning Client

Home Phone #: () _____ - _____

Mobile Phone #: () _____ - _____

Email (required): _____

Emergency Contact: _____

Phone #: () _____ - _____

Which class(es) are you applying for *(mark all that may be desirable)*?

Program	2 Days / Week	3 Days / Week
Arthritis Program	<u>Vidant Wellness Center</u> <input type="checkbox"/> MW 11:00-12:00pm <input type="checkbox"/> TTh 11:00-12:00pm <u>Regional Rehab Center</u> <input type="checkbox"/> TTh 5:30-6:30pm	<u>Vidant Wellness Center</u> <input type="checkbox"/> MWF 7:45-8:45am <input type="checkbox"/> MWF 10:00-11:00am <input type="checkbox"/> MWF 12:00-1:00pm <input type="checkbox"/> MWF 1:00-2:00pm
	<u>Vidant Wellness Center</u> <input type="checkbox"/> TTh 12:00-1:00pm	N/A

I, _____, authorize that I have reviewed the Program Rights & Obligations Waiver and understand all information provided. I acknowledge that there are inherent risks associated with enrollment in any community based program, attendance is at the discretion of the participant, & cancellation policies apply regarding transfers / withdraws / refunds.

Participant / Guardian Signature

_____/_____/_____
Date

Vidant Wellness Center 2019 Aquatic Specialty Program



Program Waiver

Registration Process

- New participant enrollment deadline is the 25th of the month prior to desired start; after the registration period has passed, changes to enrollment status may not be able to be made.
- Once class enrollment is completed, it is considered ongoing until participant submits formal notification to withdraw from the program (*see Transfer / Refund / Cancellation Policy below*).
- Participants will be set up with a personal Program Account.

Monthly Enrollment Fees

- Monthly program fees will be drafted on, or about, the 1st of every month from the account information provided on Participant Auto Draft Form (*required for every participant*).
- Participants may choose to pay a credit on their facility account to avoid drafting from the one provided on Auto Draft Form.
- If fees are uncollectable after the final attempt, the participant will be notified to reconcile the balance before returning to that month's class; should the balance not be paid by the end of the specified month, the participant will be automatically canceled from this program.

Class Attendance

- Class schedule is considered tentative & subject to change, if necessary.
- Class attendance is at the discretion of the participant; make up classes will not be scheduled for any that are missed.
- In the unlikely event that a scheduled session must be canceled by Vidant Wellness Center, as a result of unforeseen circumstances, the situation will be assessed, and if appropriate, a makeup session &/or refund will be provided as specified by the facility.
- Participants must be independently mobile in the pool; due to space limitations, unregistered persons, facilitators, etc. are not allowed to accompany participants into the pool.

Transfer / Refund / Cancellation Policy

- Transfer / refund requests cannot be processed after the specified registration deadline has passed for a monthly class session.
- In the event that a participant wishes to discontinue enrollment, submission of the Program Cancellation Form must be submitted by the 5th of the month prior to desired withdraw (i.e. January 1st withdrawal requires Program Cancellation Form to be submitted by December 5th).

****To be completed by Aquatic Department Leadership Staff****

Application Received: ____/____/____

Class Assigned:

Client Contacted: ____/____/____

Set Up Completed: ____/____/____

Start Month:

Vidant Wellness Center 2019 Aquatic Specialty Program



Participant Auto Draft Form

(Required of all participants)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ - _____ Mobile Phone #: () _____ - _____

Email *(required)*: _____

I, _____, authorize payment for my monthly Vidant Wellness Center Aquatic Program enrollment fees from the institution listed below, through use of Electronic Funds Transfer (EFT). This shall remain in effect until I formally withdraw from this program by submitting my Program Cancellation Form (due by the 5th of the month prior to desired withdraw).

_____/_____/_____
Participant / Guardian Signature Date

**Required information of all participants; VWC Members' will default financial information on account.*

Required Information	
Credit / Debit Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
Card Number	_____ - _____ - _____ - _____
Card Security	CVP Code: _____ Expiration Date: _____
Cardholder	First Name: _____ Last Name: _____

Vidant Wellness Center 2019 Aquatic Specialty Program



Participant Self Report Form

(Optional for all participants)

Name: _____ **Date of Birth:** ____/____/____

Height: ____' ____" **Current Weight:** _____ lbs. **Today's Date:** ____/____/____

Medical History / Risk Factors <i>(Check all that apply)</i>	Typical Dietary Schedule	Beverage Choices <i>(Report all that apply)</i>																												
<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> High Blood pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Stroke <input type="checkbox"/> Gastric bypass <input type="checkbox"/> Thyroid problems <input type="checkbox"/> Other: <u>Prescription Medications:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>Over the counter medications:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="0"> <tr> <td><u>Meals / day</u></td> <td><u>Snacks / day</u></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p><u>Times you eat out / pick up food not prepared at home?</u></p> <input type="checkbox"/> Rarely <input type="checkbox"/> 1-3 per week <input type="checkbox"/> 4-6 per week <input type="checkbox"/> 7+ per week <p><u>How often do you skip meals?</u></p> <input type="checkbox"/> 1 -2 per day <input type="checkbox"/> 1-2 per week <input type="checkbox"/> Rarely or almost never <p>Hours of sleep per night? _____</p>	<u>Meals / day</u>	<u>Snacks / day</u>	<input type="checkbox"/> 1	<input type="checkbox"/> None	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<table border="0"> <tr> <td></td> <td>Daily oz.</td> </tr> <tr> <td><input type="checkbox"/> Water</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Coffee</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Juice</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Milk</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Regular Soda</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Sweet tea</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td>_____</td> </tr> </table>		Daily oz.	<input type="checkbox"/> Water	_____	<input type="checkbox"/> Coffee	_____	<input type="checkbox"/> Juice	_____	<input type="checkbox"/> Milk	_____	<input type="checkbox"/> Regular Soda	_____	<input type="checkbox"/> Sweet tea	_____	<input type="checkbox"/> Alcohol	_____	<input type="checkbox"/> Other:	_____
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<input type="checkbox"/> Alcohol	_____																													
<input type="checkbox"/> Other:	_____																													
<p>Substance Use</p> <p><u>Cigarette or use tobacco use:</u></p> <input type="checkbox"/> None <input type="checkbox"/> Occasional <input type="checkbox"/> Regular Use <p><u>Alcohol use:</u></p> <input type="checkbox"/> None <input type="checkbox"/> Regular Use <input type="checkbox"/> Quitting or recently quit <p><u>Drug use:</u></p> <input type="checkbox"/> None <input type="checkbox"/> Amphetamines / Barbiturates <input type="checkbox"/> Other:	<p>Physical Activity Habits</p> <p><u>Aerobic / Cardiovascular exercise:</u></p> <input type="checkbox"/> Never / Rare <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-7 times per week <p><u>Weights / Strength training:</u></p> <input type="checkbox"/> Never / Rare <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-7 times per week	<p>Chronic Pain Conditions <i>(Report all that apply)</i></p> <p>*Avg. Pain Level</p> <input type="checkbox"/> Muscular Pain _____ <input type="checkbox"/> Skeletal Pain _____ <input type="checkbox"/> Joint / Inflammatory Pain _____ <input type="checkbox"/> Nerve Pain _____ <input type="checkbox"/> Other Pain: _____ <p>(*0 = No Pain / 10 = Intolerable Pain)</p>																												