



...Helping People Breathe Better...

ADULT ASTHMA AQUATICS

APPLICATION FOR: ENROLMENT RE-ENROLMENT DATE / / 2007

MR/MRS/MISS/MS

NAME: _____

ADDRESS: _____

POST CODE: _____ AGE: _____

PHONE – HOME: _____ WORK: _____ MOBILE: _____

CURRENT/PAST OCCUPATION: _____

How long have you had asthma?

Have you been hospitalised for asthma in the past year?

Do you currently engage in planned regular exercise or sport?

If yes, what type and how often?

If no, how long since you were last involved in regular exercise?

Do you experience Exercise-Induced Asthma?

Do you have any medical or other condition besides asthma?

If yes, what type?

How did you first learn about Adult Asthma Aquatics?

Adult Asthma Aquatics runs in line with school terms, beginning on Monday February 5, 2007.

INDEMNITY:

In consideration of and as a condition of the acceptance by the Asthma Foundation of WA of my application to attend swimming classes conducted by the Foundation, I the undersigned hereby agree to: - (a) indemnify and keep indemnified the Foundation from and against all claims, proceedings, losses, damages and expenses which may be maintained or suffered by or recovered or made against The Foundation or its employees, volunteer workers agent or contractors by the undersigned. (b) Waive all claims and rights of action which I may otherwise have against the Foundation or its employees, volunteer workers agents or contractors whether in contract or in tort or under any statute or upon any other basis whatsoever with respect to the loss of life of any injury or damage which I may sustain while engaged in, or in preparation for, or in withdrawing from swimming classes or related activities whether or not such loss of life, injury or damage was caused or contributed to by the negligence of the Foundation or otherwise.

SIGNED: _____ DATE: / /2007

DOCTOR'S APPROVAL

NAME OF DOCTOR: _____

ADDRESS: _____ PHONE: _____

To the best of my knowledge _____, a patient of mine with asthma, is capable of participating in the **Adults Asthma Aquatics** program as presented by The Asthma Foundation of WA.

PRECAUTIONS AND RECOMMENDATIONS AND ANY OTHER MEDICAL CONDITIONS

RELEVANT TO ATTENDING A SWIMMING PROGRAM

DOCTOR'S SIGNATURE: _____ DATE: _____

More information about Adult Asthma Aquatics

It is a swimming program for adults with asthma of all fitness levels. The program caters for all abilities from learn-to-swim through to swimming for fitness. All sessions are supervised by experienced and AUSTSWIM qualified staff. The objective of the program is to give participants the skills and confidence to take part in regular exercise. Adult Asthma Aquatics can help people with asthma cope with their condition and may help to reduce the frequency of asthma episodes. The classes are held in a friendly and social atmosphere.

Asthma Education - Participants will be taught to measure and monitor their asthma with a Peak Flow Meter and to use this in conjunction with heart rate as an indicator of intensity of exercise they should undertake. Participants are required to attend an Asthma Foundation of WA 'Ask the Educator' course throughout the year.

Asthma Foundation of WA
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