



**CITY OF WINTER SPRINGS**  
**THERAPY POOL**  
400 N. Edgemon Avenue  
Winter Springs, FL 32708  
Phone: 407-327-6577  
Fax: 407-327-8965

**AGE EXCEPTION FORM**

*(Please print all information clearly)*

The Winter Springs Therapy Pool is available to guests 55 years or older.  
Guests age 54 years or younger must have this form completed by their physician.  
This form must be completed annually, until the patient reaches the age of 55.

**PARTICIPANT / PATIENT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Phone Number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

**PHYSICIAN INFORMATION:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Patient may participate in (Circle All That Apply):</b> Low Intensity    Medium Intensity    Open Swim	
<b>The patient has my approval to use the pool and attend classes in water between 92° and 95° Classes are approximately 45 minutes and there is no time limit on open swim</b> Yes _____    No _____	
<b>Can the patient use noodles and dumbbells for resistance while in the pool?</b> Yes _____    No _____	<b>Can the patient gradually increase intensity?</b> Yes _____    No _____

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date Signed**