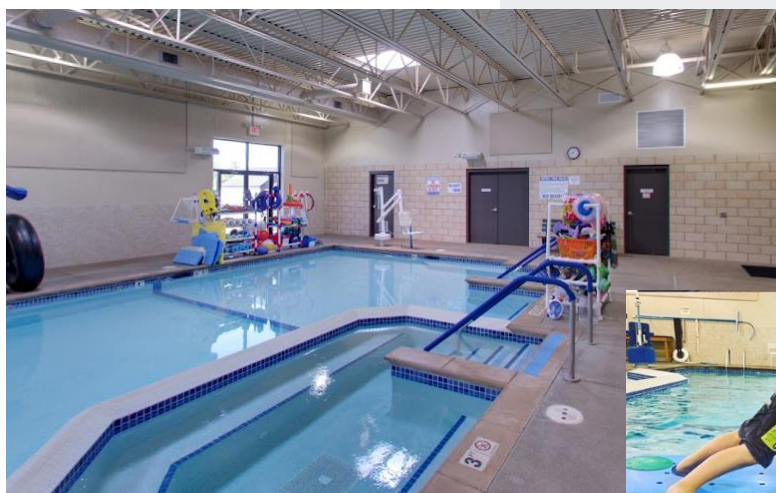


# Homeschool Aquatic PE Class

OFFERED BY  **St Croix Therapy**  
Physical, Occupational, Speech and Aquatic

What does a chariot race, volleyball and Marco Polo all have in common? They are all fun ways to be active in the water! During the class students will focus on being physically active in a supportive and fun environment. Class time will include structured group activities and games, as well as free play and centers. Swim skills are not required to participate; however, students should be comfortable being in the water.



Join us for a 7 week class led by therapists Ruth and Casey at St Croix Therapy!

**AGES**  
—  
6-12 YEARS OLD

**COST**  
—  
\$125 per Student  
\*Scholarships available



## Come be active and have fun with the benefits of aquatics!

### Registration

\_\_\_\_ 10:00AM-10:45AM

Prior to Sept 30<sup>th</sup>, please submit registration & payment in the form of check or credit card. Registrations can be processed in clinic or by phone, 715-386-2128 ext. 101

Child's Name: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### DATES

—  
MONDAYS  
OCTOBER 3rd  
OCTOBER 10th  
OCTOBER 17th  
OCTOBER 26th  
OCTOBER 31st  
NOVEMBER 7th  
NOVEMBER 14th

### CLASSES

—  
10:00AM-10:45AM

**Participant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Assumption of Risk and Waiver of Liability**

Participation at St Croix Therapy (SCT) involves elements of risk to participants. In consideration of my being allowed to participate at St Croix Therapy, located at 742 Sterbenz Dr., Hudson WI, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates, and executors, voluntarily agree to assume all inherent risks incidental to St Croix Therapy, and agree that St Croix Therapy, its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site, and their successors and/or assigns ("SCT"), are not liable for, and I/we hereby release SCT from, any and all claims for cost, damages, death and/or injury to the fullest extent allowed by law resulting from those participating at St Croix Therapy, even if arising from ordinary negligence of SCT. Participants and/or visitors agree to observe all rules of St Croix Therapy.

**Medical Certification & Release**

In the event of any medical emergencies, I authorize St Croix Therapy to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume full responsibility for all cost associated therewith.

I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to the above medical authorization and waiver.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release**

I hereby give my consent to use all photographs, audio and/or video recordings taken of me or my minor child. I understand that such media materials become the property of St Croix Therapy (SCT) and may be used as determined by SCT for educational, instructional, or promotional purposes in printed, recorded, or other electronic formats.

\_\_\_\_\_ I do give consent \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_ I do **not** give consent \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian Signature)