

SNAP Adult Schedule - Fall 2009

The **SNAP** Adult Program features classes for adults with special needs geared to accommodate all levels of ability. All classes are conducted in the therapeutic pool at the Health Enhancement Center on the UWSP campus. The therapeutic pool water temperature is maintained at 89 degrees with an air temperature of 95 degrees. The pool is easily accessible with a constant depth of 3'5". Lockerrooms are adjacent to the pool and parking is located outside the pool facility. All aquatic instructors are certified through the Arthritis Foundation Aquatic Program and classes often serve as practicum sites for our athletic training students.

Session 1

Sept 3d—Oct 23d

(14 classes)

(no classes on Sept 7th)

Session II

Oct 26th—Dec. 21st

(no classes on Nov. 26th)

(14 classes)

Cost : \$ 38.50 / session

Note for All Water Exercise Classes

Participants are required to have a doctor's permission to participate. Class cancellations will be aired on WSPT : AM 1010. SNAP follows the Stevens Point School District weather cancellation policy.

Basic Aquatic Exercise Class

This class offers group and individually designed water exercise classes specifically encompassing the physical and social needs of the older adult.

Mondays & Thursdays: 8:45 - 9:30 am

Arthritis Foundation Aquatic Program

Participants with arthritis are led through a series of designed aquatic exercises. The national Arthritis Foundation Aquatic Program (AFAP) exercise protocol is followed.

Mondays & Thursdays: 10:00 - 10:45 am

11:15–12:00 am

4:00 - 4:45 pm

5:00 - 5:45 pm

(All Classes are limited to 15 participants)

Please Note!

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Classes in the therapeutic pool will be limited to the number of participants indicated above. Classes will be determined by those who register and pay first.

For more information on any of these classes, call: (715) 346-2706

Participation Release Form:

If my application for the Special Needs Aquatic Program (SNAP) class is accepted and I am permitted to participate in this program, I understand and agree to hold harmless and Indemnify the State of Wisconsin System and the Univ. of Wisconsin-Stevens Point, their officers, agents and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of the undersigned in this program.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Participant Signature

(print name)

Date: _____

**A smaller title or
subhead can go here**

Replace this text with your own.

Company Name

**This is the front
cover of your
brochure**

Replace this text with your own.
