



Town of Milton, Community Services Dept
Leisure Centre
1100 Main St E, Milton, On L9T 6H7

To Whom It May Concern:

The Town of Milton is currently offering a Therapeutic Pool Program at the Milton Leisure Centre. This program will be a series of recreational warm water pool exercises that will be led by trained and certified volunteers and staff. The program will be offered year round in a series of either 7, 8, 10 or 12-week sessions, with participants participating twice each week.

This program is held in our leisure pool with the water temperature being 84° F to 88°F. There is a ramp to get into the pool to allow for easy access. The classes are for one hour in length. 45 minutes is for the actual class with exercises and the last 15 minutes are designated for the hot tub (101°F) for those that wish to use it.

Your patient, _____, has indicated an interest in participating in this program. In order for him/her to do so, we ask that you please fill out the attached form, which he/she needs to return to us.

Thank you very much for your cooperation. If you have any questions or concerns, please feel free to call me at 905-878-7946, ext 2706

Yours in Health,

Tracy Hasselfeldt
Supervisor, Fitness
Town of Milton, Community Services Dept
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Website: www.milton.ca
E-mail: tracy.hasselfeldt@milton.ca



Town of Milton, Community Services Dept

**Town of Milton
Therapeutic Pool Program**

Patient's Name: _____

Type of Arthritis: _____

This patient has my consent to participate in the Therapeutic Pool Program

Yes

No

(please circle)

Please indicate if there are any special precautions to be taken with this patient

Signature of Physician: _____

Date: _____

Phone #: _____