

Exhibit A**Holy Cross Aquatic Therapy Daily Sign In sheet**

Therapist: Ashley

Date:

1/1/2018

Location: Aquatic Center

1/1/2018

| Time | Type | Name | Arrived | Patient Count | Holy Cross Signature Verification | Aquatics Staff Signature Verification | Comments |
|-------|---------|---------|---------|---------------|-----------------------------------|---------------------------------------|----------|
| 9.00 | Private | Peter | Yes | 1 | | | |
| 9.40 | Private | John | Yes | 1 | | | |
| 10.20 | Private | Mary | Yes | 1 | | | |
| 11.00 | Private | James | Yes | 1 | | | |
| 11.40 | Private | Tom | No show | 0 | | | |
| 12.20 | Private | Graeme | Yes | 1 | | | |
| 100 | Group | Group 1 | Yes | 1 | | | |
| 100 | Group | Group 2 | Yes | 1 | | | |
| 100 | Group | Group 3 | Yes | 1 | | | |
| 100 | Group | Group 4 | No show | 0 | | | |
| 100 | Group | Group 5 | Yes | 1 | | | |
| 100 | Group | Group 6 | Yes | 1 | | | |
| | | | | | | | |
| | | | | | | | |

| | | |
|------------------|----------|-----------|
| Private sessions | 5 | 5 |
| Group sessions | 1 | 5 |
| Total | 6 | 10 |

Additional Lifeguard Requested/Needed Y or N

Date

Holy Cross Therapist Sign

Holy Cross Therapist Print Name

Date

City of Pompano representative - Sign

Date

City of Pompano representative - Print Name