

SWIMMER REGISTRATION FORM & APPLICATION

We are proud to offer our new Adaptive Aquatics Swimming Initiative. This program is designed for participants 3 years of age or older with a diagnosed disability. Participants may have, but are not limited to, behavioral, communication, or sensory challenges who may have cognitive or physical limitations. The goal is to teach water safety and promote independent swimming and social interaction in a fun, welcoming environment. Our certified instructors will work alongside volunteers to modify lessons that will accommodate the abilities, needs, and goals for each individual swimmer. It is important to consider behavioral issues when considering this program. An individual may be physically able to participant, but if their behavior is such that they cannot be persuaded to follow instructions, then it is likely this program will not be beneficial. Individuals with severe behavioral issues may be removed from the program if their actions are potentially harmful to themselves or others. All safety procedures at the Sports & Aquatics Complex must be adhered to.

PARENT/GUARDIAN CONTACT INFORMATION

Name:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	
Home Address:	

EMERGENCY CONTACT INFORMATION

Name:	
Home Phone Number:	
Cell Phone Number:	

SWIMMER INFORMATION

Name:			
Gender:			
Date of Birth:		Age:	
Height:		Weight:	

SWIMMER INFORMATION

PLEASE CHECK THE BOX THAT MOST APPROPRIATELY DESCRIBES THE SWIMMER:

Generally, the swimmer...	YES	SOMETIMES	NO
...can communicate his/her needs.			
...can manage his/her emotions when upset.			
...follows simple directions.			
...cooperates with others.			
...is comfortable with physical queues or prompts.			
...benefits from use of pictures to convey meaning.			
...gets frustrated easily.			
...has trouble staying focused.			
...gets upset by visual or audio stimuli (light or noise.)			
...gets upset by background noise (music or talking.)			

DISABILITY INFORMATION

Primary Diagnosis	
Secondary Diagnosis, if any	

PLEASE PROVIDE DETAILED INFORMATION REGARDING THE ABOVE DIAGNOSES THAT WILL HELP US WORK WITH THE SWIMMER SAFELY AND EFFECTIVELY.

HEALTH INFORMATION

Food or other allergies:

External Medical Devices:
Such as prosthetics,
hearing aids, any stoma
(ostomy-colostomy,
ileostomy, urostomy,
tracheostomy, G tubes, etc.

Assistive Walking Devices:
such as walkers, crutches,
wheelchair, etc.

**PLEASE EXPLAIN ANY HEALTH OR MEDICAL CONDITIONS OR
HEALTH AND MEDICAL CONCERNS AND ANY SPECIAL INSTRUCTIONS:**

GENERAL INFORMATION

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BELOW:

1. What strategies do you use to promote positive behavior and/or discourage negative behavior that will enable us to work safely and successfully with the swimmer?

2. What are some favorite activities, movies, music, hobbies or other interests of the swimmer?

3. Has your swimmer participated in learn to swim classes? Please provide information about those classes, where the classes took place, the organization teaching the classes, and which class level did your swimmer participate in.

4. Does your swimmer fear or enjoy the water (including bath or shower time?)

5. Has your swimmer encountered a negative experience in the water? If yes, please explain.

6. Does your swimmer experience incontinence or will a swim diaper be required? (Swim diapers must be supplied by parent/guardian or caretaker.)

7. Does your swimmer have a preferred method of pool entry and exit? (ramp, wheelchair transfers assisted or independent, using a lift, side of pool, stairs ladder, etc.)

8. Do you consider your swimmer to be safe in and around the aquatic environment?

9. Has your swimmer ever worn a personal floatation device (PFD) or "lifejacket"?

10. What are your aquatic goals for your swimmer?

SPORTS AND AQUATICS COMPLEX PHOTO WAIVER AND RELEASE OF LIABILITY

During the course of this program, we take photographs and videos of lessons to share promotionally on social media and other platforms. By which incidentally, some photographs or videos may capture your child's participation, directly or indirectly.

These photos or videos may be published through our website, social media pages, ads, etc. With this, we request your consent to allow us to publish photos, videos, audio, etc. which may involve your child to the said platforms.

Please do provide your response by selecting your choice below and submitting this form:

- I hereby allow the reproduction and publication of my child's photograph(s)
- I do not allow the reproduction and publication of my child's photograph(s)

FINANCIAL ASSISTANCE

- Scholarships may be available. If needed, please check to receive an application or more information about financial assistance.



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Please submit application to Mandy Long at hartzella@brunswickcc.edu