

SWIMMER REGISTRATION FORM & APPLICATION

We are proud to offer our Adaptive Aquatics Swimming Initiative. This program is designed for participants 4 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 participate, 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.

2025 – 2026 SESSIONS

Due to high demand, we are limiting participant enrollment to one session per season. Please select all the sessions below that you are interested in by checking one of the two options listed. Select **“Priority”** for the dates you are most interested in per season or select **“Add to Waitlist”** for any dates per season you wish to be enrolled if space becomes available. Participants may be enrolled to multiple sessions per season based on sessions with low enrollment.

FALL SESSIONS

August 20-September 17 | 5:15-6:00 pm ☐ Priority ☐ Add to Waitlist

October 1-October 29 | 5:15-6:00 pm ☐ Priority ☐ Add to Waitlist

WINTER SESSIONS

November 12-December 17 | 5:15-6:00 pm ☐ Priority ☐ Add to Waitlist

January 7-February 11 | 5:15-6:00 pm ☐ Priority ☐ Add to Waitlist

SPRING SESSIONS

February 25-April 1 | 5:15-6:00 pm ☐ Priority ☐ Add to Waitlist

April 15-May 20 | 5:15-6:00 pm ☐ Priority ☐ Add to Waitlist

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...can manage his/her emotions when upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...follows simple directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...cooperates with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is comfortable with physical queues or prompts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...benefits from use of pictures to convey meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...gets frustrated easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has trouble staying focused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...gets upset by visual or audio stimuli (light or noise.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...gets upset by background noise (music or talking.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	
<div></div>	
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 participated 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

Payment is due 48 hours before the first scheduled class. Scholarships may be available. Please check the box below to receive an application or more information about financial assistance.

☐ I am interested in financial assistance.



DINAH E. GORE
SPORTS & AQUATICS COMPLEX
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910-846-2348

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