



Adaptive Aquatics Swimmer Information

Swimmer's name _____ Birth date _____ Age _____

Address _____

Home Phone _____ Cell _____ Work _____

Emergency Contact Person(s) & Phone

Number(s) _____

Specific

Disability _____

Please list any specific information we should know about your swimmer (i.e. seizures, hearing or visual impairments, fears (including water), emotional/behavioral problems): _____

Please list any medications and/or allergies: _____

Explain previous swimming experience and ability. List any motivational strategies or cue words that may help your swimmer: _____

What are your swimmer's interests away from the pool? (i.e. activities, family members, pets, books, movies, etc.): _____

In our program, what are your expectations for your swimmer? (i.e. learn to swim levels, exercise, play in the water, etc.): _____

Parent's Signature

Date