

Registration Packet

Contents:

- Adapted Swim Lessons Program and Pool Information
- Adapted Swim Lessons Registration and Consent Form
- Health History and Medical Clearance Form
- Student Profile

Please complete this registration packet and mail or deliver to the Aquatics Office at the Lynnwood Recreation Center.

Drop Off Address:

Aquatics Office
Lynnwood Recreation Center
18900 44th Ave W
Lynnwood, WA 98036

Mail Address:

City of Lynnwood
Attn: Aquatics Program, Recreation Center
PO Box 5008
Lynnwood, WA 98046-5008

Contact a pool supervisor if you have questions, 425-670-5528.

Registration and Consent

Contact Information

Swimmers Name: _____

Date of Birth: _____

Address: _____

Home phone: _____

Cell or work phone: _____

Emergency contact: _____

Phone: _____

Disclaimer

I hereby apply for enrollment in Lynnwood's Adapted Aquatics Program. I understand the risks and nature of the program for which I am applying. I further agree to hold harmless the City of Lynnwood and its staff members conducting the program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the aquatic program I am enrolling in.

Parent or guardian signature: _____
(Participant, if independent)

Date: _____

Print Name: _____

Print form, sign and return to Aquatics Office.

Participant Health History and Medical Clearance

Participants/ parents/ guardians

Sometimes aquatic activities may pose a risk to you or your child. To enroll in Lynnwood's Adapted Swim Lesson Program, you must:

1. Talk to your doctor before starting the program and have them fill out the medical clearance below.
2. Fill out the health history questions below.

Health History

Please answer the following statements. Your answers will let us know about the possibility of a serious health condition. All information is confidential and will only be used to help the instructor work with your child.

YES

NO

- | | | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Can the participant swallow without assistance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can the participant swallow with assistance? If yes, please explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the participant have a seizure disorder? If yes, please explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the seizures currently controlled by a medication? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the participant have a diagnosed developmental disorder? If yes, please explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the participant have a diagnosed psychological disorder? If yes, please explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is the participant a transplant recipient? If yes, please explain. |

Medical Clearance (needs to be filled out by your doctor)

I hereby certify that my patient _____ may participate in Lynnwood's Adapted Aquatics program.

Restrictions or instructions: _____

Doctors signature	_____	Date	_____
Print name	_____	Address	_____
Name of office/clinic	_____		_____
Phone number	_____		_____
Fax number	_____		_____

New Student Profile

Name of Student: _____

Age of Student: _____

Goals of Adapted Program: _____

Aquatic Needs:

Method of water entry and exit (ex. pool lift, wheelchair): _____

Aquatic support needs (ex. neck collar, float belt): _____

Aquatic environment needs (ex. ears above water, goggles): _____

Pertinent Medical History that Pertains to being in an Aquatic

Environment: _____

Preferences:

Likes: _____

Dislikes: _____

Favorite Color: _____

Favorite Song: _____

Favorite Toys/ Shapes: _____

Relevant Cues: _____

Calming Words or Activities the Student is Familiar With: _____

Learning Style (ex. auditory, visual, kinesthetic, experimentation): _____

Experiences the student has had in the water – good or bad: _____

Additional Comments: _____
