

**RED CROSS SWIM
LEARN-TO-SWIM FOR SWIMMERS WITH DISABILITIES**



SWIMMER INFORMATION – INTAKE FORM

The purpose of this form is to gather information from the parent/caregiver about the swimmer's abilities and needs, in an effort to establish the appropriate level to register the swimmer in.

Swimmer Name: _____ Date of Birth: _____

Contact Information: _____

Emergency Contact Information: _____

What are five things the swimmer wants to learn?

What are five things the parent/caregiver wants the swimmer to learn?

Are there any behavioural concerns that we need to be aware of and how should we address them?

Fear of Water	Yes	No	Do not know
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Breath control	Yes	No	Do not know
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Balance in Water	Good	Poor	Do not know
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(e.g. blows bubbles, can submerge)

Does the swimmer require 1:1 support?	Yes	No	If yes, please explain
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Last aquatic program experience, include level if known



Personal Information:

- Toileting
- Response to touch
- Communication
- Social settings
- Environmental trigger

Are there any specific instructions regarding the above:

MEDICAL / PHYSICAL INFORMATION:

Seizures: (type, frequency, duration, medication, date of last seizure, 911 information, other)

Restrictive Conditions:

(heart condition, respiratory conditions, G-tube, allergies, atlantoaxial instability syndrome, other)

Visual Impairment/Hearing Impairment:

(wears/uses glasses/hearing devices, tubes in ears, can the individual submerge?, other)

Range of Motion / Weight bearing / Head / Neck Control)

(requires support, equipment use, involuntary movement of arms / legs)

EMERGENCY PLAN

Please return this form to the Aquatic Programmer

(Adapted from Child / Youth participation Profile Form – Compliments of the City of Surrey, Parks, Recreation & Culture Department, healthy Communities Accessibility and Inclusion and Inclusion participation Form – Regional District of Nanaimo, Recreation and Parks.