City of Lake Elsinore Aquatics

Adaptive Swim Lessons

Swimmer Information Form

Please provide as much information as possible. We will be using this information to place your child in the class that is best suited for them and it will also be given to the instructor to help them give your child the best experience possible.

SWIMMER INFORMATION

Swimmer's Name	**Date of Birth**	**Male** ☐ **Female** ☐

Special Need and/or Presenting Issue(s)

REGISTRATION INFORMATION

Additional Registration Info:

This swimmer has a sibling in Adaptive Swim Lessons whose name is: _____

This swimmer would NOT do well with an instructor who is a: ☐ Male ☐ Female

ACTIVITY INFORMATION

Please list your child's recreation and sports experience in the past two (2) years.

Has your child taken any swim lessons before? ☐ **Yes** ☐ **No**

Please describe your child's water experience. Is your child comfortable in the water? Do they enjoy or have a fear of the water?

Check all that apply:
- ☐ Independent swimmer
- ☐ Needs floatation device
- ☐ Can put head underwater
- ☐ Does not like water on eyes/ears
- ☐ Can tread water
- ☐ Can float independently
- ☐ Needs physical assistance to float
- ☐ Can kick independently
- ☐ Can kick with assistance

Does your child need assistance getting into the pool? If so, please describe below. ☐ **Yes** ☐ **No**

In-Water Support		
	Can your child sit/stand independently?	☐ **Yes** ☐ **No**
	Will your child wait independently for his/her turn?	☐ **Yes** ☐ **No**

Does your child use any assistive devices (wheelchair, communication cards, etc.)? If so, please list below. ☐ **Yes** ☐ **No**

COMMUNICATION/LEARNING INFORMATION

How does your child communicate? Verbal, pictures, signs?

If your child is non-verbal, does s/he have a way to communicate a consistent yes/no?

Sign for yes:
Sign for no:

Is there anything else you can tell us that will help the instructor and swim buddy communicate effectively with him/her?

Please describe any techniques that you use at home or school (i.e. key phrases, visual cues, hand cues, time out, stickers, charts, etc.). Are there any triggers we should know about or specific calming/de-escalating techniques?

Are there any behavioral issues we should be aware of (i.e. hitting, biting, etc.)?
If so, how should we respond to this behavior in the pool?

How does your child learn most effectively?

Check all that apply:	Please describe:
☐ Verbal Directions ☐ Demonstration ☐ Physical Manipulation ☐ Other: _____	

Please describe your child's participation style.

Check all that apply:	Please describe:
☐ Actively engages in activity/tasks ☐ Staff needs to model how to be involved ☐ Very Hesitant when introduced to new activity/tasks ☐ Prefers to observe, stay on periphery ☐ Generally refuses to participate ☐ Open to trying new activities	

Please describe your child's ability to follow directions.

Check all that apply:	Please describe:
☐ Can follow simple verbal direction with no prompting ☐ Can follow multiple verbal directions ☐ Can follow simple verbal directions with visual demonstrations ☐ Needs occasional verbal or physical redirection ☐ Needs constant verbal or physical redirection to complete activity	

Please check the answer that best describes your child.	Always	Sometimes	Seldom	Never	N/A
Communicates needs					
Consistently makes choices					
Easily transitions from activity to activity					
Requires visual aid to participate					
Manages his/her anger					
Maintains self-control in a group setting					
Is able to work through frustrations					
Accepts responsibility for behavior					
Initiates and maintains social conversations					
Interacts with others in a large group					
Respects personal space of others					
Shares with others					
Easily Distracted					

Comments:

Does your child have a favorite object, toy, TV/movie character? Would it help to use this during swimming lessons?
Does your child have any fears or dislikes that we should know about?
Does your child have any allergies/dietary restrictions we should know about?
Does your child have a seizure disorder? If so, please describe what do seizures look like? When was the date of their last seizure?
Is there anything else we should know about your child that would help us when teaching him/her swimming lessons?

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		
Cell Phone	**Home/Alt Phone:**	
Address:	**City**	**Zip**
Email		

Liability Waiver: *I realize every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present: however, in the event of an injury, I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, as well as against the supervisor, the City of Lake Elsinore, it's officers, agents, employees and volunteers. I further permit the use of activity/event photography and/or video media promotion. In case of accident or other emergency, personnel of the Community Services Department and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred a result of said treatment.*

I further permit the use of activity/event photography and/or video for media promotion

^ **Signature** Parent/Guardian of Minor (under 18) ^ **Date**