



## 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

