

City of Paso Robles
Adaptive Aquatics
Swimmer Information Form



Please provide as much information as possible. We will be using this information to create a custom lesson plan that will help the swimmer be successful. All information will be kept confidential.

SWIMMER INFORMATION

Swimmer's Name	Age

Special Need and/or Presenting Issue(s)

ACTIVITY INFORMATION

Has your swimmer taken any swim lessons before? ___ Yes ___ No

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

	Check all that apply: <input type="checkbox"/> Independent swimmer <input type="checkbox"/> Needs floatation device <input type="checkbox"/> Can put head underwater <input type="checkbox"/> Does not like water on eyes/ears <input type="checkbox"/> Can tread water <input type="checkbox"/> Can float independently <input type="checkbox"/> Needs physical assistance to float <input type="checkbox"/> Can kick independently <input type="checkbox"/> Can kick with assistance
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Does your swimmer need assistance getting into the pool? If so, please describe below. ___ Yes ___ No

COMMUNICATION/LEARNING INFORMATION

How does your swimmer communicate?
 Check all that apply:

- Verbal
- Non-Verbal
- Pictures
- Signs
- Objects

If your swimmer is non-verbal, do they have a way to communicate a consistent yes/no?

Sign for yes:
 Sign for no:

How does your swimmer learn most effectively?
 Check all that apply:

- Verbal Directions
- Demonstration
- Physical Manipulation
- Other: _____

Does your swimmer have a favorite object, toy, TV/movie character? Would it help to use this during swimming lessons?

Does your swimmer have a seizure disorder? If so, please describe what the seizures look like? When was the date of their last seizure?

Does your swimmer have any fears or dislikes that we should know about?

Is there anything else we should know about your swimmer that would help us when teaching them?

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name

Cell Phone

Home/Alt Phone:

Address:

City

Zip

Email

I certify that, to the best of my knowledge, the provided information is true and accurate.

^ Signature Parent/Guardian of Minor (under 18)

^ Date

Please email this completed form to vteeter@prcity.com or drop off the form to Centennial Park (600 Nickerson Drive, Paso Robles). All information will be kept confidential and will only be used to create a custom lesson plan for each swimmer.