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: _____________________  Date: _________________  
(Participant, if independent)

Print Name:    _____________________

Print form, sign and return to Aquatics Office.
Adapted Swim Lesson Program

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
____  ____  1. Can the participant swallow without assistance?
____  ____  2. Can the participant swallow with assistance? If yes, please explain.

____  ____  3. Does the participant have a seizure disorder? If yes, please explain.

Are the seizures currently controlled by a medication? ____ Yes   ____ No

____  ____  4. Does the participant have a diagnosed developmental disorder? If yes, please explain.

____  ____  5. Does the participant have a diagnosed psychological disorder? If yes, please explain.

____  ____  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  __________________
Name of office/clinic  __________________ Address  __________________
Phone number  __________________
Fax number  __________________
Adapted Swim Lesson Program

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:__________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________