

## **Aquatics – Participants with Special Needs Information**

*Please fill out and return this information to the BWG Leisure Centre prior to the start of the first lesson.*

### **Personal Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

### **Participants Exceptionality/Special Need:**

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**Doctor's Consent for swimming:** Yes  No

***Please attach Doctor's note with consent to swimming.***

Doctor's Name: \_\_\_\_\_

Doctor's Comments:

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**Swimming Experience/Assistance:**

Previous experience with swimming lessons? Yes  No

Fears/ Anxieties associated with water? Yes  No

Assistive Devices:

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Inclusion Techniques:

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Will they require: Minimal assistance  Medium Assistance  Full assistance

Please describe any difficulties he/she may have throughout his/her lessons:

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Any additional comments or feedback that would be helpful to the instructor teaching your child?

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**Communication**

Speaks well  Uses short  Phrases  Uses single words  Non-Verbal

**Everyday Assistance & Medical Information:**

Is the participant on any medication? Yes  No  If yes, what: \_\_\_\_\_

Seizures: Have they ever had one? Yes  No

If yes, please complete

Type: \_\_\_\_\_ Controlled: \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Preferred action taken: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this you have verified that the information to be correct to the best of your knowledge.*

All personal information on this form is collect pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Municipal Act, 2001 and will be used for the purposes of Special Need Swimming Lesson Programming. Questions regarding this collection may be directed to the Manager of Recreation & Client Services, Leisure Services, 471 West Park Avenue, Bradford ON, L3Z 0J3, 905-775-7529.