RECEIVED: _____
STAFF: _____
ENTERED: _____
STAFF: _____

CITY OF ST. JOHN'S

RED CROSS SWIM
LEARN-TO-SWIM FOR SWIMMERS WITH DISABILITIES
SWIMMER INFORMATION INTAKE FORM

CANADIAN RED CROSS

The information gathered in this form will be used to ensure the safety of the swimmers and instructors. Please provide accurate, up to date information.

SWIMMER INFORMATION	
Swimmer Name:	Date of Birth:
Telephone:	Email:
Address:	
City/Town:	Postal Code:

PARENT/GUARDIAN INFORMATION	
Parent/Guardian:	Relationship to Swimmer:
CONTACT INFO SAME AS ABOVE ☐	
Telephone:	Email:
Address:	
City/Town:	Postal Code:

MEDICAL INFORMATION	
☐ Diagnosis:	☐ Other Medical Condition:
☐ Seizures (Please request Seizure Action Plan)	
☐ Severe Allergies (if anaphylactic, please request Allergy Action Plan)	

SUPPORT
Fear of Water: ☐ Yes ☐ No ☐ Do not know
Additional info:
Breath Control (e.g. blows bubbles, can submerge): ☐ Yes ☐ No ☐ Do not know
Additional info:
Balance in Water: ☐ Good ☐ Poor ☐ Do not know
Additional Info:
Support Type: ☐ 1:1 ☐ Low Ratio (up to 3 participants) ☐ Support Person in the Water
Additional Info:
Previous Aquatic Program Experience: ☐ Yes ☐ No
Additional Info (Include Level if known):

Please Complete Other Side

CITY OF ST. JOHN'S

RED CROSS SWIM
LEARN-TO-SWIM FOR SWIMMERS WITH DISABILITIES
SWIMMER INFORMATION INTAKE FORM

CANADIAN RED CROSS

ABILITY RELATED INFORMATION (Please provide any relevant information)
Toileting:
Response to touch:
Communication:
Social Settings:
Environmental Triggers:
Behavior:
Physical Limitations:
Other important information:

Parent/Guardian Signature:	Date:

OFFICE USE ONLY	
COURSE CODE:	FACILITY:
DATES:	DAY/TIME:
NOTES:	

ST. JOHN'S