

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

**CITY OF ST. JOHN'S**

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



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.

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

<b>PARENT/GUARDIAN INFORMATION</b>	
Parent/Guardian:	Relationship to Swimmer:
CONTACT INFO SAME AS ABOVE <input type="checkbox"/>	
Telephone:	Email:
Address:	
City/Town:	Postal Code:

<b>MEDICAL INFORMATION</b>	
<input type="checkbox"/> Diagnosis:	<input type="checkbox"/> Other Medical Condition:
<input type="checkbox"/> Seizures (Please request Seizure Action Plan)	
<input type="checkbox"/> Severe Allergies (if anaphylactic, please request Allergy Action Plan)	

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

Please Complete Other Side

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

Parent/Guardian Signature:	Date:
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<b>OFFICE USE ONLY</b>	
COURSE CODE:	FACILITY:
DATES:	DAY/TIME:
NOTES:	

**ST. JOHN'S**