



LIFESAVING SOCIETY®  
The Lifeguarding Experts

CS- Swimmer Information Intake

Community  
Services

**Swimmer Information Intake  
(Learn to Swim for Swimmers with Disabilities)**

Information

SECTION 1

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

SECTION 2

Swimmer Name: \_\_\_\_\_ Date of Birth (YY/MM/DD): \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Information

SECTION 3

Parent/Guardian: \_\_\_\_\_ Relationship to Swimmer: \_\_\_\_\_  
 Contact information same as above:   
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Medical Information

SECTION 4

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

Support

SECTION 5

**Support**

**Additional Information:**

1. Fear of Water

Yes  No  Do not Know

2. Breath Control (ie. Blows Bubbles, can submerge)

Yes  No  Do not Know

3. Balance in Water

Good  Poor  Do not Know

4. Support Type:

1:1  Low Ratio (up to 3 participants)  
 Support Person in Water

**ST. JOHN'S**

NEWFOUNDLAND AND LABRADOR, CANADA

<b>CS: Swimmer Information Intake</b>	<b>Community Services</b>
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<b>Support</b>	<b>Additional Information</b>
5. Previous Aquatic Program Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	Include level if known:

Ability Related Information (please provide any relevant information)	<b>SECTION 6</b>
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1. Toileting:	
2. Response to touch:	
3. Communication:	
4. Social Settings:	
5. Environmental Triggers:	
6. Behaviours:	
7. Physical Limitations:	
8. Other Important Info:	

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

Office Use Only	<b>SECTION 7</b>
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Received: \_\_\_\_\_ Staff Received: \_\_\_\_\_ Entered: \_\_\_\_\_ Staff: \_\_\_\_\_

Course Code: \_\_\_\_\_ Facility: \_\_\_\_\_ Dates: \_\_\_\_\_

Day/Time: \_\_\_\_\_ Notes: \_\_\_\_\_

Privacy	<b>SECTION 8</b>
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Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manger of Facility & Administration by phoning 576-8020 or email [recreation@stjohns.ca](mailto:recreation@stjohns.ca)

Please send completed form to:	City of St. John's Recreation Division PO Box 908, 10 New Gower Street St. John's, NL A1C 5M2	For further information: Phone: 576-8631/576-8499 Email: <a href="mailto:recreation@stjohns.ca">recreation@stjohns.ca</a>
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