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|   | CS – Red Cross Adapted Swim Lesson Registration Community Services | |
| <div style="text-align: center;"> <h2>Red Cross Adapted Swim Lesson Registration Form</h2> <p>The information gathered is used to develop an individual swimmer support plan. Please provide information relevant to the development of this support plan.</p> </div> | | |
| Swimmer Information | | SECTION 1 |
| Swimmer Name _____ Date of Birth _____ Telephone/Cell _____ Email _____ Address _____ City/Town _____ Postal Code _____ | | |
| Parent / Guardian Information (if applicable) | | SECTION 2 |
| Parent/Guardian _____ Relationship to Swimmer _____ CONTACT INFORMATION SAME AS ABOVE <input type="checkbox"/> Telephone/Cell _____ Email _____ Address _____ City/Town _____ Postal Code _____ | | |
| Program Registration Information | | SECTION 3 |
| Season _____ Program Location _____ Program Day _____ Program Time _____ | | |
| Medical Information | | SECTION 4 |
| <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) | | |
| Support | | SECTION 5 |
| 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"/> Limited <input type="checkbox"/> Do not know Additional Info: | | |
| Support Type: <input type="checkbox"/> 1:1 <input type="checkbox"/> Support Person in the Water in Addition to Instructor Additional Info: | | |
| Previous Aquatic Program Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Info (include Level if known): | | |

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| CS – Red Cross Adapted Swim Lesson Registration Form | | Community Services |
| Ability Related Information Please provide information on participant's ability in each of the areas below | | SECTION 6 |
| Toileting: | | |
| Response to Touch: | | |
| Communication: | | |
| Social Settings: | | |
| Environmental Triggers: | | |
| Behaviour: | | |
| Physical Limitations: | | |
| Other Information / Specific Requests: | | |
| Signature | | SECTION 7 |
| Participant or Parent / Guardian Signature _____ Date _____ | | |
| Privacy Notice | | SECTION 8 |
| Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to register for Red Cross adapted swimming lessons. Questions about the collection and use of the information may be directed to the Facilities Supervisor at 709-576-8499 / 576-8631 or recreation@stjohns.ca. | | |
| Office Use Only | | SECTION 9 |
| Course Code _____ Facility _____ | | |
| Course Dates _____ Day _____ Time _____ | | |
| Staff Name _____ Staff Signature _____ Date _____ | | |
| Notes: | | |
| Please send completed form to: | Contact Information P.O. Box 908 St. John's, NL A1C 5M2 | For further information: Phone: (709) 576-8499 / 576-8631 Email: recreation@stjohns.ca |

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA