

Date: _____

Springfield JCC Adaptive Aquatics Intake Form



Name _____ H. Phone _____
Address _____ Birth Date ____/____/____ Age _____
City State Zip _____

Parent/Guardian Information

Parent/Provider Name _____ Birth Date ____/____/____
Cell Phone _____ Work Phone _____
Email _____

Parent/Provider Name _____
Cell Phone _____ Work Phone _____
Email _____

Agency Information

Agency Name: _____ Contact Person: _____
Phone number: _____ Email: _____

Emergency Information

Emergency contact _____
Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to participant _____

Participant Information

Diagnosis/Classification: _____
Allergies: _____
What are the medical issues we need to know about, such as seizures, diabetes, medications, swallowing water, atlantoaxial instability, toileting issues?

Consent for Video/Pictures

I _____ give permission for my child _____ photo or video to be used for JCC media or local newspaper. If just one place, please circle otherwise your signature is for both.

Areas of Interest

Likes (i.e. hobbies, leisure activities) _____

How comfortable is the swimmer in the pool?

What are three things the swimmer wants to learn?

What are three things the caregiver wants the swimmer to learn?

What are three skills other than swimming that we should encourage?

Areas of Need

How does the participant communicate their wants and needs? _____

Describe his/her behavior when having difficulty? (not getting his/her way)

How does he/she react to stress? Transitions? _____

Please explain or offer any additional information you feel the program staff should be aware of for your safety and comfort, including any special accommodations _____

School Information:

School: _____ City: _____

Classroom Student:Staff Ratio: _____ Grade: _____