



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Greater Burlington YMCA Adaptive Swim Registration Form

Name of Swimmer _____ DOB _____ Gender F M
Street Address _____
City/Town _____ Zip _____ Phone _____
Name of person completing form: _____
Relationship to swimmer: _____

Please respond to any of the following areas of concern that apply to this swimmer.
Your information will enable us to provide the best possible individualized instruction.

Mobility

independent crutches walker wheelchair braces other

Balance

independent needs assistance _____

Specific condition(s): (i.e.: medical/health, motor, cognitive, sensory, learning, behavioral, physical, emotional, orthopedic)

Seizure History

none controlled with medication uncontrolled

If seizure history: frequency _____ duration _____

typical seizure behavior _____ date of last seizure _____

needs after seizure _____

If swimmer has **Down Syndrome**, has he/she been x-rayed for atlantoaxial instability?

does not apply to this swimmer no yes

If "yes," positive recommendations: _____

negative recommendations: _____

Fitness Level

poor fair good excellent

Communication

receptive

- comprehends gestures, postures and facial expressions
- comprehends the spoken word
- comprehends symbols and signs to represent words

expressive

- nonverbal
- verbal

Behavior

- follows directions
- stays in own space
- responds to others
- pays attention
- imitates actions

Previous water experience

- none
- fear
- comfortable
- submerges
- prone float
- back float
- paddles
- swims

Activities or motions that should be avoided: _____

Swimmer's Strengths: _____

Goals for this program: _____

Additional suggestions: _____

Return this form to:

Jess Lukas · Greater Burlington YMCA · 266 College St. · Burlington, VT 05401