



# Y Adaptive Swimming Registration Form

## NAME OF SWIMMER (Please print clearly)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred method of contact  Phone  Email  Text

Name and relationship of person completing form \_\_\_\_\_

## INFORMATION ABOUT SWIMMER

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals for program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General fitness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical, social, emotional, medical, cognitive concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Autism diagnosis  Yes  No

Seizure history  Yes  No

Trauma experiences/triggers: \_\_\_\_\_

\_\_\_\_\_