



Adaptive Aquatics Swim Abilities Form

Swimmer's name _____ Birth date _____ Age _____

Emergency Person(s) & Phone Number(s) _____

Specific Disability _____

Does your swimmer have any physical limitations (mobility issues, needs assistance transferring, hearing or visual impairments, movement problems, etc.) _____

Does your swimmer have any emotional or behavioral problems we should know about (sensory issues, anxiety, communication needs, fears, etc.) _____

Please list any medical information that we should know about your swimmer (seizures, asthma, allergies, medications, etc.) _____

Please explain your swimmers previous swimming experience and ability _____

List any motivational strategies or cue words that may help your swimmer _____

What are your swimmer's interests away from the pool? (i.e. activities, family members, pets, books, movies, particular foods, etc.) _____

What are your expectations for your swimmer in our program? (i.e. learn to swim, exercise, water play, socialization, etc.) _____

Parent's Signature _____ Date _____

Send form to Crystal Haislip, Therapeutic Recreation Coordinator - crystal.haislip@stmaryscountymd.gov