



COSUMNES CSD PARKS AND RECREATION DEPARTMENT

2018 ADAPTIVE SWIM LESSON MEMBERSHIP PASS FORM

Adaptive Swim Lessons are NOT available for internet registration

REQUIRED INFORMATION

Participant: _____ Main Contact: _____

Address: _____ City/ST/Zip: _____

Male/Female: _____ Date of Birth: _____ Age: _____ Phone: _____

Email (optional): _____

Please mark your instructor preference

Female Male No Preference Instructor's name: _____

**Please complete if requesting a specific instructor*

OPTIONAL INFORMATION

The questions below are optional and are intended to help instructors provide you with the best Swim Lesson possible.

Please list the participant's primary disability. If applicable, please list any secondary disabilities.

Please list any assisted devices used (i.e. wheelchair, crutches).

Please list the primary language spoken at home.

Please list the participant's/your goal for the swim lesson (i.e. to learn water safety, to float on back).

Please list anything that should be avoided during the lesson (i.e. loud noises, water in ears, touching head).

Please list any other information that would be helpful for the lesson (i.e. has a fear/love of water, has tubes in ears, loves going under water).

Thank you for participating in the Adaptive Swim Lesson Program.

For Office Use Only – Staff Please Initial and Date

Registered for Membership (init.): _____ Date: _____ Input of Prompts (init.): _____ Date: _____