

2017 PARTICIPANT REGISTRATION FORM

General Information:

Name: _____ Birth date: _____

Emergency Contact: _____ Phone Number _____

Medical Information

Please complete this information to help us better serve you. Please check any that apply.

Seizure Disorder Heart Disease Diabetes

Traumatic/Acquired Brain Injury Bleeding Disorder Lung or breathing disorder

High Blood Pressure Life Threatening Allergies Dementia

Weakness or Paralysis of Extremities: Left Right

Other (Please explain): _____

Please explain any medical information checked _____

Confidential Questions

So we can better serve your needs, please complete the following:

Height _____ Weight _____

Yes No Can you independently form a watertight seal with your mouth?

Yes No Can you independently hold your head up in the water?

Yes No Can you independently turn face up in the water while wearing a life jacket?

Yes No Can you alert program staff to your needs?

Yes No Will you be able to refrain from behaviors that pose a risk to yourself and/or others? (i.e. Pica, aggression, lack of safety awareness, wandering away from the group)

Yes No Will a Personal Care Assistant accompany you?

If yes, please provide his/her name _____

Yes No Do you carry any medication?

If yes, please describe _____

Please offer any additional information you feel program staff should be aware of for your safety and comfort, including any special accommodations needed:
