



**COSUMNES CSD
PARKS AND RECREATION DEPARTMENT**

2016 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

This information you provide on this form is optional and is intended to help our instructors provide you with the best Swim Lesson possible.

Please list the participant's primary disability. 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 any other information that would be helpful for the lesson (i.e. fear of water, hitting, 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: _____