

Town of St. Stephen Great Barrier Busters Registration

Account Holder Information

Guardian's Name: _____		Email Address: _____	
Contact Number: _____		Alternative Number: _____	
Address: _____	Town/City: _____	Postal/Zip Code: _____	

Additional Account Information

Name: _____		Email Address: _____	
Contact Number: _____		Alternate Number: _____	

Participant(s) information

Participant One

Participant's Name: _____ Date of Birth (DD/MM/YYYY): _____

Medicare # (if applicable): _____ Exp.: _____

Important Medical Information or Notes: _____

Participant Two

Participant's Name: _____ Date of Birth (DD/MM/YYYY): _____

Medicare # (if applicable): _____ Exp.: _____

Important Medical Information or Notes: _____

For Office Use Only

Total Due: _____ (Cost per participant: \$50)

Date of Payment Received: _____

Date of Payment Due: _____

Swimmer Diagnosis (if known):

- Cerebral Palsy Autism/PDD Down Syndrome ADD/ADHD Global Development Delay
 Other _____
-

Does your swimmer have any behavioural issues we should be aware of (i.e. hitting, biting, overly affectionate with others, etc.)?

If so, how would you recommend responding to this behaviour? _____

Please note any important medical information that you know of, of which the instructor should be made aware (i.e. Asthma, severe allergies, etc.) _____

Does your swimmer have a seizure disorder? Yes No

If yes, what does your swimmer's seizure look like (if known)? _____

Can your swimmer ...

Sit independently?

- Yes No

Wait independently for their turn?

- Yes No

Stand independently on deck?

- Yes No

Go comfortably into deep water?

- Yes No

Stand independently in the pool?

- Yes No

Your swimmer requires assistance with ... (please be specific)

Transferring in/out of the wheelchair:

Walking:

Communicating:

Remaining focused on a task:

Other:

How does the swimmer learn most effectively? (check all that apply)

Verbal directions Physical manipulation Demonstration

Other: _____

Is there anything else that you can report that will help your swimmer's instructor communicate effectively with him/her ('yes'/'no' signs, picture symbols, hand signs, etc.)? _____

Please mark equipment that IS or HAS BEEN effective with your swimmer:

Noodle Tube Mat Aquafit Belt Flutter board Balls

PFD Sinking toys Water Walker Barbells Mirror Goggles

Webbed gloves Rain bucket Floating toys

Other: _____

Is there a colour that triggers a positive response from your swimmer? _____

Is there a texture that triggers a positive response from your swimmer? _____



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Please mark equipment that IS NOT or HAS NOT BEEN effective with your swimmer:

- Noodle Tube Mat Aquafit Belt Flutter board Balls
- PFD Sinking toys Water Walker Barbells Mirror Goggles
- Webbed gloves Rain bucket Floating toys
- Other: _____

Is there a colour that triggers a negative response from your swimmer? _____

Is there a texture that triggers a negative response from your swimmer? _____

Is there anything that your swimmer loves to do? _____

Is there anything that your swimmer is uncomfortable doing? _____

What are the goals for your swimmer? (i.e. social integration, putting their face in the water, learning to be safe around water, learning swimming techniques, etc.) _____

Are there any tips/tricks you, or previous instructors, have used to help classes run smoothly and effectively? _____

Is there anything else you would like us to know before we start working with your swimmer? _____

Parent/guardian Name (print): _____

Parent/guardian signature: _____

Date: _____

Requested Instructor: _____