

# Municipal District 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: \$100)

Date of Payment Received: \_\_\_\_\_

Date of Payment Due: \_\_\_\_\_

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Swimmer Diagnosis (if known):

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

Other \_\_\_\_\_

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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? \_\_\_\_\_

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

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Does your swimmer have a seizure disorder?     Yes     No

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

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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

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

Transferring in/out of the wheelchair:

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Walking:

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Communicating:

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Remaining focused on a task:

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Other:

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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.)? \_\_\_\_\_

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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: \_\_\_\_\_