

**Leduc Recreation Centre
Special Needs Participant Information Form**

Program/ School Name: _____

Date of Lessons: _____ Time of Lessons: _____

Participants Name: _____ Participants Phone Number: _____

Participants Mailing Address: _____

Participants Birth Date: _____ Female Male

Parent/Guardian's Name: _____ Daytime Phone Number: _____

Please Note: If your child has participated in the Red Cross Swim program before please attach his or her Progress Card to this form. If your child has not participated in the Red Cross Swim Program before please see the Red Cross New Swimmer Info sheet.

Last Red Cross Swim Level _____ Facility Lessons were taken at: _____

BEHAVIORAL INFORMATION

Specific name and nature of participants condition:

Are there any limitations to the participant? (Unable to get ears wet etc...)

Please describe any unique behavior traits (hyperactivity etc...):

How should inappropriate behaviors be handled?

What is the ratio of child to instructor the participant requires? _____

Does the participant require an aid in the water? _____

Please note: it is the schools/programs responsibility to provide an aid in the water.

MEDICAL INFORMATION

Condition			If yes please explain
Allergies	NO	YES	
Diabetes	NO	YES	
Respiratory Conditions	NO	YES	
Heart Conditions	NO	YES	
Seizure	NO	YES	
Medications	NO	YES	
Are medications kept nearby?	NO	YES	

Please provide any other pertinent information that the instructor/lifeguards would need to be aware of during the lesson:

What are the expectations for this set of swimming lessons? (Check the best choice)



Orientation to the water

Complete the next level of Red Cross Swim Program

A Specific Skill (please explain): _____

Other: _____

Please return this form to your school or coordinator immediately. Leduc Recreation Centre Pool requires all forms for lessons to be returned one week prior to the start of lessons. If you have any questions please contact Supervisor Aquatic Programming at (780) 980-7165.