



PO BOX 31938
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StacyAquatics@gmail.com
(206) 265-2436

Adaptive Aquatics and Aquatic Exercise Program

ALWAYS CONSULT YOUR PHYSICIAN BEFORE BEGINNING AN AQUATICS PROGRAM

Participant's Name:

_____/_____/_____
First Last DOB Age

Phone E-Mail

Party Responsible for Payment and Scheduling:

Invoices will be e-mailed to the following party on or about the first of the month.

First Last

Phone E-Mail

Street Name and Number City State Zip

Additional Parent/Guardian/Caregiver:

First Last

Phone E-Mail

Emergency Contact, in addition to those listed above:

First Last

Phone E-mail

Relationship to Participant: _____

To better meet the needs of the participant, please answer the following:

Please indicate the participant's availability:

For example, Mondays: 3:00 pm to 5:00 pm

Mondays: _____

Thursday: _____

Tuesdays: _____

Friday: _____

Wednesdays: _____

Saturday: _____

Has the participant been diagnosed with Autism (ASD)?

Yes No Unsure

Has the participant been diagnosed with ADHD?

Yes No Unsure

Has the participant been diagnosed with sensory processing issues?

Yes No Unsure

Does the participant have any physical disabilities or limitations?

Yes No Unsure

If yes, please describe:

Has the participant been diagnosed with any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Asthma/breathing difficulties | <input type="checkbox"/> Joint instability |
| <input type="checkbox"/> Bowel incontinence | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Coughing or swallowing difficulties | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Frequent ear infections/ear tubes | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Frequent vomiting | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Global developmental delay | <input type="checkbox"/> Vision loss |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Other: _____ |

Does the participant use a wheelchair or need physical assistance entering the water?

Yes No Unsure

Is the participant afraid of water?

Yes No Unsure

Is the participant drawn to water?

Yes No Unsure

What goals can we help the participant achieve?

- Swim Skills
- Water Safety
- Competitive Swim Team
- Special Olympics Swim Team
- Shadow Seals Swim Team
- Exercise
- Other: _____

To the best of your knowledge, does the participant have difficulty lying on their back?

Yes No Unsure

Has the participant ever had formal swim lessons or aquatic exercise?

Yes No Unsure

Instructor's Name/Business: _____

Date of most recent lesson: _____

Which cues work best for the participant?

- Verbal
- Physical
- Visual

How often does the participant follow directions?

- Always
- Usually
- Sometimes
- Infrequently
- Never

How do you manage inappropriate behavior at home?

- Take a break
- Discuss the behavior
- Ignore the behavior
- Distraction

Other: _____

What types of physical activities does the participant enjoy?

- | | |
|---|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Football | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Ultimate Frisbee |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Running | |

In your opinion, what are the best methods for teaching the participant new information?

What are your methods for getting the participant to engage in a new activity?

What methods of communication work best for the participant?

In your opinion, what is the best way to comfort and encourage the participant?

What are the best ways to connect with the participant?

Does the participant have any special interests, favorite songs, hobbies, toys, movies, or television shows?

Does the participant see any Occupational Therapists (OT), Physical Therapists (PT), Recreational Therapists, or Applied Behavior Analysis (ABA) Therapists?

OT Name/Organization: _____

PT Name/Organization: _____

RT Name/Organization: _____

ABA Name/Organization: _____

How did you hear about us?

- Friend or family member

Name: _____

- Facebook

- Swim coach or instructor

Name: _____

- Internet search

- Bellevue Aquatic Center

- Other: _____

Additional Comments and Information:

CANCELATION POLICY

Due to limited availability, we request that you cancel at least 24 hours before a scheduled class. This gives us the opportunity to fill your spot from our waiting list. You may cancel by phone, e-mail, or text message with owner Stacy Smith (stacyaquatics@gmail.com (206) 265-2436) or with your instructor. If you do not cancel prior to 24 hours, you will be billed for your class. Exceptions may be made to this policy for emergent situations, such as illness or accident, subject to the owner’s discretion and judgement.

I understand and acknowledge this cancelation policy:

Participant’s Name:

First

Last

Party Responsible for Payment:

First

Last

Parent/Guardian/Participant’s Signature

____/____/____
Date



SEA STAR AQUATICS LLC

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO COVID-19, LIABILITY AND MEDICAL RELEASE

PLEASE READ CAREFULLY

MEDICAL RELEASE

I give my permission for SEA STAR AQUATICS LLC to review the medical charts and medical information relating to the needs of _____.

First

Last

WAIVER OF LIABILITY

This agreement releases “SEA STAR AQUATICS LLC” from a liability relating to injury’s that might occur during aquatic exercise and adapted swim instruction and safety activities at Bellevue Aquatic Center. By signing this agreement, I agree to hold “SEA STAR AQUATICS LLC” entirely free from, liability, including financial responsibility for injuries, regardless of whether injuries are cause by negligence.

I also acknowledge the risks in Aquatic Exercise and Adapted Swim Instruction and Safety activities, such as drowning, physical injury, heart attack, stroke, chemical burns, seizures, brain injuries, blindness, asthma attacks, loss of hearing, rashes, spinal cord injuries. I acknowledge that I am participating voluntarily and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity that haven’t been listed on the enrollment form.

By signing below, I forfeit all the right to bring a suit against “SEA STAR AQUATICS LLC” for any reason. In return I will receive (Aquatic Exercise and Adapted Swimming Instruction and Safety. I will also make every effort to obey safety precautions as listed in writing at the “Bellevue Aquatic Center 601 143rd Ave NW.”

I, _____ (participant/parent/guardian), fully understand and agree to the above terms.

WAIVER OF RISKS RELATING TO COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Sea Star Aquatics and the City of Bellevue has put in place preventative measures to reduce the spread of COVID-19; however, that cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, using City facilities and/or participating in a Sea Star Aquatics LLC programs and activities could increase you and your child(ren)’s risk of contracting COVID-19.

