



Radiant Swim School  
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## **Special Needs Adaptive Aquatics Programs**

### **Intake Packet**

(Keep a copy for your records)

Thank you for choosing Radiant Swim School for your learn to swim and wellness needs! We are here to insure that you receive the highest quality instruction and benefits from all we have to offer. Inclusion, consistency and progress are the hallmarks of our learn-to-swim programs. All initial sessions are scheduled through the program director and carried at the Radiant Swim location.

This packet contains the information and necessary paperwork to get started in either private swim lessons or small group swim lessons within our Special Needs Adaptive Aquatics Programs (SNAAP). To provide the best service possible for all clients, there are a few procedures and policies that must be followed. Please read it completely, be sure you understand it, and if you have any questions or concerns, please do not hesitate to contact us. Please return all enclosed materials to Tracy Brown.

We appreciate the opportunity to work with you!

Tracy Brown  
Program Director - Radiant Swim

## SNAAP POLICY & PROCEDURES AGREEMENT FORM

### PACKET CHECKLIST:

Below is a checklist to help insure that all the forms are completed and forwarded to the proper location. Please read each line thoroughly and carefully. By checking off each item you state that you understand and agree to the terms stated in this intake paperwork.

1. Welcome Letter, Policies & Procedure Manual

Read this completely and keep for your records.

2. Special Needs Intake Form

Please fill this out completely and let us know which program you are applying for, the days and times that would work best for you as well as well as an previous experience your swimmer has in the water, if any.

3. Behavioral Questionnaire

Fill out completely to the best of your knowledge, so that we can match you with the instructor who is best suited for your needs.

4. Assessment Form

Fill out completely to the best of your knowledge, so that we can match you with the instructor who is best suited for your needs.

5. Photo Release Form

If you consent, fill out completely and sign. If you do not consent, cross out the form entirely and do not sign.

6. Waiver of Liability

Fill out completely and sign and date. Services will begin only after we receive this document.

By signing below, I acknowledge that I have read the SNAAP In-Take Packet and understand all scheduling, cancellation and payment, policies and procedures. I understand that in order for the client to receive the highest quality instruction and benefits from the program it is essential for all clients to follow all necessary procedures.

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Swimmers Full Name (Please Print)

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Parent/Guardian Full Name (Please Print)

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Parent/Guardian Signature (if client is under 18)

## GETTING STARTED

### **Scheduling the First Appointment**

Once a special needs lesson intake packet is filled out and returned, it will be kept confidentially in the Corporate Office. The Program Director will contact you to discuss available evaluation lesson times. The more flexible your schedule, the more quickly your swimmer will be matched with an appropriate instructor. If no openings exist that correspond with your availability, your swimmer's name will be placed on a waiting list, and you will be contacted when an appropriate lesson time becomes available.

### **Scheduling Attendance & Payment Procedures**

Private, Semi-Private and Small Group Sessions are available in 30 minute increments. Please be sure that you arrive on time and be ready to receive your swimmer at least 5 minutes prior to the end of the session. This is to ensure that your swimmer is able to benefit from the entire allotted time and that your instructor's next lesson can begin promptly. Prior to and after your lesson, you are responsible for your swimmer. This is for the safety of your swimmer and the other patrons using the facility.

### **Fee for Services:**

Private Swim Lessons - \$175 per month for a weekly lesson, 1:1 instruction.

Semi-Private Lessons (2 or 3 swimmers at the same skill level, scheduled at the discretion of the instructor) - \$200 per month (split between two participants) for a weekly lesson.

Adaptive Swim Lesson - (4:1 group classes) \$65 per month for a weekly lesson.

Guided Swim Program - \$15 per class for non-learn to swim participants or \$10 per class for learn 2 swim participants.

Annual Administration Fee of \$15 is assessed each calendar year on programming.

Once you have turned in your intake packet, the office will process it and call you to schedule your first set of sessions. Sessions are first come, first serve, and are only reserved with payment. All payments must be made through the Customer Portal at the time of scheduling and are due on or before the first of the month.

Sessions must be paid for a minimum of month in advance. Confirmation payments can be made over the phone or through the Customer Portal with MasterCard or Visa (preferred method), or in person with MasterCard, Visa, Cash or Check made out to "Radiant Swim People". Never leave credit card information in a voicemail or email, however you can save your billing information on your Customer Portal account.

To ensure the continuity of care and avoid lapse in service, your spot will be held until a Withdrawal Notice is received. Withdrawal notices are due by the 20th of each month in order to prepare for the next month's scheduling.

Consistent, on time attendance will help create structure and foster the most beneficial learning environment for you swimmer. If, for any reason you will not be able to attend a lesson, we ask that you call us at least 24 hours in advance to cancel.

### **Cancellation and Make Up Policy**

- Cancellation more than 24 hours before the appointment receives an "early cancel" and make up may be scheduled within 30 days.

- Cancellation after 24 hours requires a doctor's note to receive a free make up.
- There are not make-ups or refunds for no-shows, unexcused or missed appointments.

If you are unable to attend a lesson and know at the time of scheduling, please let your instructor or Deck Supervisor know which day you will be absent. To cancel, please call Radiant Swim School at 817-243-7946 and leave a detailed message with the name of your child, the time of the lesson and the instructor's name. If you sense your swimmer is getting sick, or if you have a schedule absence, please call Radiant Swim School as soon as possible. Please remember, if you don't show up to a lesson without calling, you are forfeiting that lesson. In the event your session is cancelled due to instructor unavailability, lightning, or pool closures, etc., you will be credited for that lesson if the instructor or a substitute is unable to make up the lesson. Radiant Swim School encourages you not to cancel appointments unless absolutely necessary, and to do so before the 24 hour mark. Consistent attendance ensures the continued progress of your swimmer in the program. Rescheduling of sessions must be made directly through the Swim People Office.

### **What to Bring**

Boys and girls should wear comfortable swimsuits and bring a towel. Goggles are optional but encouraged.

If your swimmer is not toilet trained, a Swim Diaper, or an equivalent must be worn at all times.

### **Safety and Consideration for Others**

Please do not allow your swimmer to enter the pool until the instructor is present and ready to begin the lesson. During the lesson, please keep all belongings, wheelchairs, and strollers away from the walkways. Please park wheelchairs and strollers clearly off the deck and along the wall. Lifeguards and staff need to be able to move freely about the pool deck in the event of an emergency and to implement other programs.

### **Permission and Photo Release**

During a lesson, your swimmer may be photographed with the implied consent of the guardian. Radiant Swim School website showcases photos of swimmers in all of our different programs. No information regarding your swimmer is shown.

**SNAAP PARTICIPANT INFO FORM**  
**Please fill out all of these forms completely and return.**

Date: \_\_\_\_\_

1. Swimmer's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

2. Swimmer's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle the best time for an evaluation lesson:

Mornings (9-12)

Afternoons (12-4)

Evenings (4-8)

Monday

Tuesday

Wednesday

Thursday

Saturday

Previous experience in water: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SNAAP BEHAVIORIAL QUESTIONNAIRE**

Has your child ever participated in an aquatics program at another facility?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, what facility and type of program? \_\_\_\_\_

List known swim skills:

\_\_\_\_\_  
\_\_\_\_\_

What is your swimmers previous experience with water?

\_\_\_\_\_  
\_\_\_\_\_

Are they fearful?

\_\_\_\_\_  
\_\_\_\_\_

How would you best describe the way your child learns (i.e. visually, auditory, cues, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What, if anything, could cause your child to demonstrate self stimulatory behaviors?

\_\_\_\_\_  
\_\_\_\_\_

What situations, events and/or types of stimuli could cause your child to have a meltdown?

\_\_\_\_\_  
\_\_\_\_\_

When / if your child has a meltdown, how long does it usually last?

\_\_\_\_\_  
\_\_\_\_\_

If your child able to organize his/her behavior after a meltdown and return to task?

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How does your child react to other children in a social setting?

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In your opinion, does your child get frustrated easily? \_\_\_\_\_ Frequently? \_\_\_\_\_

Or does your child display mild temperment and self-organize easily?

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Does your child get excited easily? \_\_\_\_\_

If yes, once excited, is it difficult for him/her to reorganize?

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Does an excited state often lead your child to breakdown of self control?

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**SNAAP ASSESSMENT FORM**

**Medical Diagnosis:** \_\_\_\_\_

**Physical Restrictions:**  
\_\_\_\_\_  
\_\_\_\_\_

**Medication:**  
\_\_\_\_\_  
\_\_\_\_\_

**Seizure Disorder** \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when was the last one? \_\_\_\_\_

**Mobility:**  
Ambulatory with device. List device \_\_\_\_\_

Wheelchair: Manual or Electric (please circle one)

**How will the person enter the pool?**

\_\_\_\_\_ Independent via steps \_\_\_\_\_ With assistance from another person

**Does person have difficulty with?** (check all that apply)

\_\_\_\_\_ Gait \_\_\_\_\_ Balance \_\_\_\_\_ Coordination \_\_\_\_\_ Strength \_\_\_\_\_ Endurance  
\_\_\_\_\_ Range of Motion

**Vision:**

\_\_\_\_\_ Normal \_\_\_\_\_ Can see light / shadows \_\_\_\_\_ Legally Blind

**Hearing:**

\_\_\_\_\_ Normal \_\_\_\_\_ Mild loss \_\_\_\_\_ Moderate/Severe Loss \_\_\_\_\_ Deaf

**Speech/Communication**

\_\_\_\_\_ Verbal \_\_\_\_\_ Non-verbal \_\_\_\_\_ Sign



**Cognitive:**

\_\_\_\_\_ Short attention span    \_\_\_\_\_ Requires verbal cues to complete task.

Follows directions?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Impulsive    \_\_\_\_\_ Easily Distracted

**Hypersensitive to:**

\_\_\_\_\_ Touch    \_\_\_\_\_ Noise/volume    \_\_\_\_\_ Unfamiliar environment

\_\_\_\_\_ Heat    \_\_\_\_\_ Cold

Will client use exercise equipment (noodle, dumb bells, etc.)?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

**Is the person continent?**    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Parent's Goals and Objectives (check all that apply)

\_\_\_\_\_ Water Safe                      \_\_\_\_\_ Endurance                      \_\_\_\_\_ Socialization/Interaction

\_\_\_\_\_ Comfort in Water                      \_\_\_\_\_ Strength                      \_\_\_\_\_ Motor Skill Development

\_\_\_\_\_ Basic swim skills                      \_\_\_\_\_ Advanced swim skills

Comments:

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Parent/Guardian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's Signature

Date

## PHOTO RELEASE FORM

I hereby consent to the use, reproductions, editing and/or broadcast by Radiant Swim School of any and all photographs, video and/or audio recordings of me taken or on behalf of Radiant Swim School, from this day forward, without compensation to me. All digital images, prints, negatives and positives, video-recorded images and audio recordings shall constitute the property of Radiant Swim School, solely and completely, if you do not consent, cross out the entire form and do not sign.

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

I am 18 years of age or older and am competent to contract in my own name. I have read the above release before signing below and fully understand the contents, meaning, and impact of this release.

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Name (Please print clearly)

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Signature

Date

**WAIVER OF LIABILITY**

Swimmer's Name: \_\_\_\_\_  
Last First Date of Birth

Swimmer's Name: \_\_\_\_\_  
Last First Date of Birth

Swimmer's Name: \_\_\_\_\_  
Last First Date of Birth

I, the enrolled participant and/or the parent/guardian of the participant, do hereby agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death. As the legal parent or guardian, I release and hold harmless Radiant Swim School, and its owners and operators from any all liability, claims, demands and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Radiant Swim School, its owners and operators or in route to or from any of said premises. The participant also agrees to indemnify Radiant Swim School for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Radiant Swim School, to have the participant treated in any medical emergency during their participation in the program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted any medical/health problems of which the staff should be aware. I have carefully read the above liability release and sign it with the full knowledge of its contents and significance.

Parent/Guardian's Name: \_\_\_\_\_  
Last First

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature Date