



PARTICIPANT INFORMATION FORM

Please complete all sections as the participant or participant's parent (as applicable)

Participant's Name:

Parent's Name(s):

What swimming-related goals and objectives do you have for yourself/your child?

Do you/your child have any physical and/or cognitive limitations that we should be aware of?

Are there any transition issues that may happen during swim lessons? If so, how do you typically address them?

Do you have specific cues and/or processes you use at home to encourage your child?

What likes and dislikes would be helpful for us to know about? (i.e., favorite game, toy, etc.)

Any additional items we should be aware of?