Aquatic Complex
PALM BEACH GARDENS

Adaptive Aquatic Swim Program Participant Information

To be filled out by participant, parent or legal guardian (if under 18).

Participant's Name: _____

School or program they attend:_____

Participant's disability: _____

Is participant subject to seizures? _____ Yes _____ No If yes, please describe seizure. Time it usually lasts? Unconscious? What symptoms before it occurs? Is there anything in particular to avoid?

_____

_____

Is participant on medication? _____ Yes _____ No If yes, what type? _____

What (if any) equipment does the participant use (e.g., glasses, wheelchair)? _____

_____

What motivates the participant (food, toys, cartoons, anything)? _____

_____

Please share with us the behavior intervention strategies that best work with your child. _____

_____

What are the participant's dislikes? _____

Is the participant on a specific behavior, food, or toileting program that we need to be aware of? Please explain:_____

_____

Any other health problems that we should be aware of (e.g., allergies, asthma, and so on)?

_____

_____

Is the participant: verbal non-verbal

Does the participant require any special accommodations?_____

What are the participant's current swimming abilities? _____

What are your overall aquatic goals?

1. _____
2. _____

(Form continues on back)

3. _____

How did you hear about our adaptive aquatic swim program? _____

Email Address for announcements and program updates: _____

Release and Medical Authorization

I, _____, and _____ as individual participants hereby consent to:

my/our participation in any "Recreational Activity" of the City of Palm Beach Gardens. I/We acknowledge and understand that we may be participating in activities which involve the risk of injury/death, including transportation to and from program activities, and that there are some risks that cannot be foreseen or anticipated at this time. In consideration of the City's consent to my/our participation in the Program and other good and valuable consideration, the receipt of which is hereby acknowledged, I/we hereby release and agree to hold harmless for any foreseen or unforeseen and associated risks, the City of Palm Beach Gardens and its officers, agents and employees, volunteers, independent contractors, vendors and/or participants, from any and all losses, claims, damages, liabilities, and causes of action that I/we may have, as a result of injury or death, or damage to personal property, which may occur during our and my/our participation in the program, specifically including but not limited to transportation to and from Program activities. I/We agree and acknowledge that this Release will apply and include claims regardless of the City's own negligence, and is intended to be as broad and inclusive as permitted by the laws of the State of Florida.

I/We further acknowledge and understand that the City does not provide accident or medical insurance for us in connection with this Program, and I/we agree to accept full responsibility for all medical costs and expenses of ourselves which may arise, and I/we release the City from all claims which I/we may have for the payment of medical expenses or the reimbursement of medical expenses for ourselves.

In the event of an emergency during my/our participation in the program, I/we consent to the emergency medical treatment at the nearest hospital, medical center or by the emergency medical response services unit at the scene.

I/We understand and agree that the City has the right to dismiss, expel, or suspend us from the Program if the City, in its sole discretion, determines that our behavior is unruly, violent, or otherwise disruptive of, or detrimental to, the Program. I/we understand that no refunds of fees paid for the program will be given in the event of the expulsion or suspension.

I/We acknowledge and understand that photographs of participants, in the Program may be taken and used by the City on the City's website or in other City publications, and I/we hereby expressly consent to the use of our name, photograph or other likeness in this regard.

I/We have read and understand this document and I/we voluntarily agree to all the terms and conditions of this Agreement this

_____ day of _____, 200_____.

Participant Signature: _____ Printed Name _____

Participant Signature: _____ Printed Name _____

Thank you for joining us for our upcoming adaptive aquatic swim program.
We look forward to working with you and your swimmer!