

**Participant Information Request Form  
Specialized Recreation and Inclusion Services  
Additional Information**

**Participant Name:** \_\_\_\_\_

**AQUATIC INFORMATION**

At a pool, with lifeguards present:

Participant is comfortable in shallow water (up to waist deep).  Yes  No

Participant must wear a flotation device.  Yes  No

Participant can swim without a flotation device.  Yes  No

Participant can swim the length of the pool without assistance.  Yes  No

\*If yes, the participant has my permission to take the swim test:  Yes  No

1. Enter the water at one end of the pool (usually in a lap lane).
  2. Swim without stopping for one length of the pool on the surface of the water. Hands and feet must not touch the bottom or sides of the pool from beginning to end.
  3. After swimming one length of the pool, tread water (in place with head out of water) for 30 seconds.
- Anyone that cannot complete the test must wear a life jacket.

Participant has a history of seizures.  Yes  No

\*If yes, when was the last seizure? \_\_\_\_\_

In a lake or ocean:

All participants, regardless of swimming ability, will wear a Coastguard-approved Personal Flotation Device (lifejacket) when participating in water activities in lakes, rivers, or the ocean. This includes boating and fishing as well as swimming.

**SUNSCREEN AND INSECT REPELLANT INFORMATION**

Please apply these products as needed to the participant *prior* to their participation in outdoor programs. Please also supply any sunscreen and/or insect repellent that the participant may need *during* any program. Staff will provide frequent opportunities for participants to reapply the product during program hours. Staff may assist participants in applying sunscreen only to exposed skin that the participant cannot reach on their own. Spray or mist-type sunscreen and/or insect repellent are recommended. These products are not shared with other participants.

Specialized Recreation staff may assist participants with applying sunscreen and/or insect repellent, as provided and directed by the parent/guardian. I give permission for Specialized Recreation and Inclusion Services staff to apply sun block/insect repellent to the participant at their discretion.

Yes  No

Participant/Parent/Guardian Name (printed): \_\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_

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