

## Participant Information Request Form – Additional Information Specialized Recreation and Inclusion Services

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

### AQUATIC INFORMATION

Please describe the participant's swimming ability and comfort in the water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parks, Recreation and Cultural Resources policy indicates that all participants must wear a PFD (personal flotation device), as provided by Raleigh PRCR, during all boating activities, and during swimming activities not in a swimming pool (lakes, rivers, etc.). In addition, for swimming activities at the pool, all participants will be required to wear a PFD in all areas of the pool, unless they pass a swim test.*

Does the participant need to wear a PFD for swimming activities at the pool, regardless of swimming ability?  
 Yes       No

Will the participant take the swim test?       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.

*Regardless of swimming ability, it is City of Raleigh policy that participants who have had an epileptic episode/seizure within the past year must have a "reach supervisor" during any water activity. A "reach supervisor" is an adult who is within an arm's length of the participant at all times during water activities. This supervisor can quickly respond to the participant if an epileptic episode/seizure occurs on or in water.*

Does the participant has a history of seizures?       Yes       No

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

Does the participant request a reach supervisor during water activities, even if the participant has NOT had an epileptic episode/seizure within the past year?       Yes       No

### 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: \_\_\_\_\_