



**Swim Lesson Supplement**

As a participant in the Timpany Center Swim Lesson program, I understand the following (please initial each line:

\_\_\_\_\_ Timpany Center requires all parents/caregivers to remain at the pool during a child's swim lessons.

\_\_\_\_\_ My registration reserves a spot in the swim lesson program. Due to limited instructors, cancellations cannot be refunded without proper documentation of a medical issue.

\_\_\_\_\_ The Swim Lesson Make Up Policy is as follows: If a lesson is canceled by Timpany Center (instructor illness, facility closure, etc.), a credit or make up lesson will be offered. If a student misses a class due to medical reasons, a credit will be issued or a make up lesson will be scheduled after receipt of proper documentation. Documentation must be submitted to the proper authority two weeks after absence. If no documentation is received within this two week time frame no compensation will be given. Only one credit per session. Make up lessons will be scheduled for the designated make up week, following the end of a session. If a student misses a class due to vacation or other scheduling conflict, credits or refunds are **not offered**.

\_\_\_\_\_ Timpany Center reserves the right to cancel any program and to change fees where applicable.

\_\_\_\_\_ I agree to adhere to Timpany Center pool rules, policies and procedures.

I understand that I and/or my child may be photographed and/or filmed while participating in Timpany Center programs and that the photographs or video images may appear in marketing or educational materials. If you wish to opt out, please sign here: \_\_\_\_\_

Are you or your child registering for Adapted Swim Lessons?  
**YES** (if you answered yes, please fill out the back of this page)

**NO** (no need to fill out the back of this page)

**Adapted Intake Form**

What is the nature/type of disability?

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Is the student VERBAL or NON VERBAL? (please circle one)

Does the student require a swim diaper?      NO              YES

Does the student use an assistive device?      NO              YES (please indicate)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Hearing aid      |
| <input type="checkbox"/> Cane       | <input type="checkbox"/> Cochlear implant |
| <input type="checkbox"/> Brace      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Walker     |   |

Does the student have sensory issues? If so, what are they? Visual? Auditory? Touch?  
Please describe so that the swim instructor can provide the best learning environment possible? \_\_\_\_\_

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Are there triggers (words, actions etc.?)

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If the student becomes upset, what is the best way to calm them? \_\_\_\_\_

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Is there any other information that you can provide that would help the swim instructor provide the best learning environment possible?

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