



**Aquatics Program Survey
Summer 2008**



Special Olympics
Florida
Leon County

Athlete: _____ Age: _____ Sex : _____

Parent /Guardian: _____

Address: _____

City: _____ State: FL Zip: _____

Phone: home: _____ cell _____

Phone: work: _____ E-mail: _____

Previous swimming experience:

What type of program offering are you interested in for your child? (check all that apply)

- Lead Up Skills and Flotation Skills _____
- Aquatic Therapy with emphasis on skills for competition _____
- Competitive swimming skill development _____
- Participation in local Aquatics Competitions _____

Please check your child's disability? (check all that apply)

Physical disability

Will require individual support and assistance in the water _____

Can swim with flotation devices without assistance _____

Mental disability

Will require constant individual attention to stay on task _____

Will be able to function effectively with group instruction _____

Please write additional information on the back of this page that you think we would need to know in order to meet your child's needs. Bring this form with you on the first day of training, June 17, 2008 at 5:30pm at Everhart Pool.

Training:

TUESDAYS from 5:30-7:00pm

June 17, 24, July 8, 15, 22, August 19, 26,

Area Games

Saturday, September 6th at Trousdell Aquatics Center at 9AM