

YAQUATICS™

We build strong kids, strong families, strong communities.

United Way
of Broome County



SPECIAL NEEDS SWIM PROGRAM

1	January 4th-February 20th	Member Registration begins Dec. 4th/ Nonmember registration begins Dec. 18th
2	February 22nd - April 17th (no lessons April 3rd-9th)	Member Registration begins Jan. 22nd/Nonmember registration begins Feb. 5th
Frequency	Once a week (unless otherwise specified)	

West Family Branch
740 Main Street
Johnson City, NY 13790
(607) 770-9622 ext. 106
Fax: (607) 729-4977

FEES

Member	\$26
Non-Member	\$52

Aquatics Director:
Patty Benda,
pbenda@bycma.com

<u>Little Hoppers</u>		<u>Fantastic Frogs</u>	
ages 3 - 8 years		ages 9 - 13 years	
Tuesday	6:30-7:00 pm	Tuesday	6:30-7:00 pm
Tuesday	3:00-3:30PM	Tuesday	3:00-3:30PM
Thursday	7:00-7:30 pm	Thursday	7:00-7:30 pm

Little Hoppers-For children 3-8 yrs *with a parent or aide*; with neurological, physical, or social challenges. It is a beginner swim program that focuses on introducing swimming readiness skills through games, developing a personal comfort level in the water and coordinating basic movements.

Fantastic Frogs-For children 9-13 yrs *with a parent or aide*; with mild to moderate neurological, physical or social challenges. It is a beginner swim program that focuses on introducing swimming readiness skills and developing a personal comfort level in the water. Instruction will also be based on the YMCA

BROOME COUNTY YMCA SWIM PROGRAM REGISTRATION FORM 2010 (Please fill out the back also)

CHILD'S NAME: _____ AGE: _____ BIRTH DATE: _____ PROGRAM: _____ DAY: _____ TIME: _____

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ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAY TIME PHONE: _____ EVENING PHONE: _____ PARENT/GUARDIAN'S NAME: _____

EMERGENCY CONTACT: *Please list someone other than the person who will accompany the child to lessons.*

PERSON'S NAME: _____ PHONE: _____ RELATIONSHIP: _____

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself and my child, waive and release any and all rights and claims for damages I may have against the Broome County YMCA, their representatives, successors, and assigns, for any injuries suffered in the Y Swim Lesson Program.

Parent/Guardian Signature: _____ Date: _____

Parent Orientation

Welcome to the Special Needs Swim Program

This program is intended to assist your child in meeting the physical, mental and social needs and challenges that they may possess. The focus will be on introducing swimming readiness skills such as blowing bubbles, coordinated arm and leg movements and personal comfort level in the water. The instructors will also work on setting goals to each individual participant and will expect each participant to learn and progress at his or her own rate. We will also provide a safe swimming environment and want every child to have a positive experience in the water giving them an outlet for health and fun.

Please contact the Aquatics Department if you have any questions or concerns, or would like to discuss any Individual Education Plan that your child may have. We will work with any therapists or adaptive classes that

Swim Lesson Procedures

- Please use the locker room when bringing your child for swim lessons, shower and use the bathroom before class begins.
- Please notify the Aquatics Department of any special medical needs that you child may have.
- On the first day of classes each participant will be evaluated to assess their ability and placed into a group that best meets their needs.
- If the parent or an aide can participate in the water it would be appreciated.
- At the end of the swim lesson program each participant will receive a certificate and a progress report.

Participant Information (to be filled out by parents/guardians)

Please explain any medical conditions that may assist us in interacting with your child (i.e. seizures, diabetes, medications, swallowing water, autism, atlantoaxial instability syndrome, toileting issues)?

If the child is subject to seizures please describe the seizure, including how long it lasts, symptoms before it occurs and anything in particular to avoid that may set it off?

What are five things the swimmer wants to learn?

What are five things the caregiver wants the swimmer to learn?

What are five skills other than swimming that we should encourage?

What are any behavioral issues that we need to address, how should we address them? Please explain any intervention strategies that may assist us in working with your child.

Does he/she participate in an aquatics program at school?

If yes, how many hours per week?

Comments about the swimmer's performance in aquatics activities: