



ROSE BOWL AQUATICS CENTER: *SPECIAL NEEDS INTAKE PACKET*

(Please keep this page for your records)

Welcome to the Rose Bowl Aquatics Center (RBAC) for your therapy and wellness needs! We are here to ensure that you receive the highest quality instruction and benefits from all that we have to offer. Inclusion, consistency, and progress are the hallmarks of our therapeutic programs.

We offer several options for our special needs patrons such as:

- Private Swim Lessons (1 on 1) for 30 or 60 minutes
- Semi-Private Swim Lessons (2:1) for 30 or 60 minutes (2 swimmers at the same skills level and approved by instructor, i.e. siblings/friends)
- Adaptive Group Lessons (3:1) for 30 minutes
- Community Adaptive Group Lessons (larger group classes) for 60 minutes
- Aquatic Physical Therapy (PT evaluations also available) for 30 or 60 minutes
- Rays Swim Team for 60 minutes
- Camp Splash (Summer)

Information about these programs can be found in our brochure or by visiting our website at www.rosebowlaquatics.org. If you have any questions or concerns please contact the Therapy Office at (626) 564-0330 ext 425.

This packet contains the information and necessary paperwork to get started in either aquatic therapy or adaptive swimming. To provide the best service possible for all clients, we require patrons to follow the procedures and policies described on the following pages.

HOW TO GET STARTED & SCHEDULE APPOINTMENTS

- Please read all pages and make sure you understand our policies and procedures.
- Fill out all forms in the packet. Packets are available at the front desk.
- Return the completed pages to the Therapeutic Programs office. Forms can be returned by mail, e-mail, fax, or dropped off at the front desk.
- The therapy office will contact you to discuss the options available and to schedule the first appointment or an assessment
- Appointments will only be scheduled with payment in person or by phone. Cash, checks to RBAC, and all major credit cards are accepted. All payments must be made through the front desk or therapy office.

NEVER LEAVE CREDIT CARD INFORMATION IN A VOICEMAIL OR EMAIL. **No payments are made to instructors.**

- After initial lesson, you are responsible for calling each month to schedule lessons. **Registration begins at 10:00am on the 15th of each month for the following month.** Lesson days/times are booked on a first-come basis, and only reserved with payment.
- If you are unable to attend a lesson, you must call at least 12 hours in advance to reschedule or cancel to receive a credit. (Read & sign 12-Hour Cancellation Policy)

What to Bring:

- Swimsuit (no street clothes or baggy shirts)
- Towel(s)
- Goggles (recommended)
- Sunscreen (apply 30mins prior to lesson)
- Little Swimmers Swim Diaper (if swimmer is not potty trained)
- Optional:
 - Non-skid or water shoes
 - Lock for locker (Do not leave your valuables unattended at any time)
 - Water bottle

Things You Need to Know:

- Please avoid feeding your swimmer 30 minutes prior to their lesson
- Notify the instructor of any changes via phone/email (such as sickness, behaviors, etc)
- Guardians are asked to remain in the designated waiting area during lessons
- We try to be consistent, but we do not guarantee that the same instructor will teach your child at each lesson
- The swimmer should be on deck and ready 5 minutes before the lesson
- Be ready to “receive” your swimmer at least 5 minutes prior to the end of the lesson
- No chewing gum in the pool or pool area
- Coaching from the pool deck is prohibited
- Hair needs to be pulled back away from the face in ponytail or braid
- Swimmers are not allowed to be on the equipment, walking the pool deck or in the pool without their instructor present
- **Please do not allow the swimmer to enter the pool until the instructor is present and ready to begin the lesson**
- During a lesson, please keep all belongings including wheelchairs and strollers off the pool decks, away from the walkways and parked along a wall. This will ensure that lifeguards and other staff will be able to move freely about the pool deck in the event of an emergency and to implement other programs
- **Prior to and after your lesson, you are responsible for your swimmer**

For more information or questions, please contact:

Lori Birmingham or Jamie O'Connor

Therapeutic Programs Office: (626) 564-0330 ext 419/425

ROSE BOWL AQUATICS CENTER: SPECIAL NEEDS INTAKE PACKET

Please fill out completely and return to the Therapy Office.

Swimmer's Name (First): _____ Last Name: _____

Address: _____ City/ST/Zip: _____

Primary Phone: _____ Other: _____

Email: _____

Gender: _____ Male _____ Female Birthdate: _____ Language Spoken: _____

Diagnosis: _____

1st Contact: _____ Relationship: _____ Birthdate: _____

Address (if different): _____

Primary Phone: _____ Other: _____

2nd Contact: _____ Relationship: _____ Birthdate: _____

Address (if different): _____

Primary Phone: _____ Other: _____

What programs are you interested in?

- | | |
|---|--|
| <input type="checkbox"/> Private Lessons | <input type="checkbox"/> Adaptive Group |
| <input type="checkbox"/> Semi-Private Lessons | <input type="checkbox"/> Community Group |
| <input type="checkbox"/> Rays Swim Team | <input type="checkbox"/> Camp Splash |
| <input type="checkbox"/> Aquatic Physical Therapy | <input type="checkbox"/> ACES |

How did you hear about us? _____

FOR OFFICE USE ONLY

This section is for grant-funded programs and all information will be held confidential

Check one: _____ Hispanic _____ Non- Hispanic

Check the category that best describes child:

- White
- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- Black/African American
- Black/African American & White
- American Indian/Alaskan Native & Black
- Asian
- Asian & White
- Native Hawaiian/Other Pacific Islander
- Other multi-racial

Instructor: _____ Day: _____ Time: _____

Funding: _____ Active: _____ Folder: _____ Email List: _____

Current Swim Skills: _____

Fearful of the water? Yes No

Best way your swimmer learns? Visually Auditory Tactile Cues

Do you prefer a male or female instructor? Male Female

Is there anything in particular that especially motivates your swimmer? (Ex. Types of toys, special interests, hobbies, etc.) _____

Medications: _____

Seizure History: Yes No If yes, when was the last one? _____

Previous surgeries? _____

Allergies? Yes No If yes, to what? _____

Mobility: Independent Wheelchair Cane Walker Other: _____

Hearing: Normal Mild Loss Mod/Severe Loss Deaf

Speech/Communication: Verbal Non-verbal Sign iPad

Hypersensitivity to: Touch Noise/Volume Heat Cold Unfamiliar Environment

Is your swimmer incontinent? Yes No (If yes, they must wear a swim diaper. This includes if the swimmer can not verbally communicate or sign that they need to use the restroom)

Parent's Goals and Objectives (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Swimming skills | <input type="checkbox"/> Endurance | <input type="checkbox"/> Socialization/Interaction |
| <input type="checkbox"/> Gait | <input type="checkbox"/> Balance | <input type="checkbox"/> Verbalization/Self-Expression |
| <input type="checkbox"/> Water Safety | <input type="checkbox"/> Attention Span | |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Fine/Gross Motor | |

Please explain the goals for your swimmer in more detail here (Please be as specific as possible and try to include long term and short term):

Cognitive/Developmental Impairments:

Gets frustrated easily Gets excited easily Has meltdowns

Does your swimmer follow directions? _____Yes _____No

Physical Impairments:

Physical Restrictions? _____

Contraindicated Activities? _____

Previous Fractures? _____No _____If yes, when and what? _____

Has your swimmer ever been diagnosed with any of the following conditions? (Please circle)

Y N Cancer, if yes, type and date of diagnosis: _____

Y N Heart Arrhythmia

Y N Arthritic Conditions

Y N Deep Venous Thrombosis (Blood Clots)

Y N Fibromyalgia/Chronic Fatigue

Y N High/Low Blood Pressure

Y N Stroke

Y N Bleeding disorder

Y N Infectious Disease

Y N Circulation Problems

Y N Kidney Disease

Y N Asthma

Y N Anemia

Y N Thyroid Problems

Y N Spina Bifida

Y N Diabetes

Y N Osteoporosis/Osteopenia

ROSE BOWL AQUATICS CENTER

Photo Permission & Release

On occasion, patrons are photographed and filmed for educational programs, presentations, workshops, newspaper articles, Center brochures, website, and school programs. No information regarding swimmers is shown. All digital images prints, negatives and positives, video-recorded images and audio recordings shall constitute the property of RBAC solely and completely.

I hereby consent to my child being photographed during activities and to the use, reproduction, editing, and/or broadcast by Rose Bowl Aquatics Center (RBAC) of any and all photographs, video and/or audio recordings of me/my child taken by or on behalf of RBAC, from this day, without compensation to me.

I am 18 years of age and am competent to contract in my name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

Photo Release:

Accept: _____
Initials

Decline: _____
Initials

12-Hour Cancellation Policy & Procedures

- If your swimmer is sick or otherwise unable to attend the lesson please call and notify the therapy office, instructor, or customer service as soon as possible. If the office is closed, please leave a voicemail message at **(626) 564-0330 ext 419**. Messages are documented with the date and time.
- Cancellation more than 23 hours before the appointment receives an “early cancel” and a credit will be applied to your RBAC account or a make-up scheduled.
- **If a lesson is cancelled less than 12 hours in advance, it will be a “late cancel” and no make-up credit will be available. Clients who “no show” for a lesson without calling, forfeit the lesson. There are no make-ups or refunds for no show, unexcused, or missed appointments.** The only exception is with a doctor’s note. Although we recognize emergencies and illnesses do occur, private lesson instructors are left unable to adjust their schedules at the last minute.
- In the event a session is cancelled due to instructor unavailability, lightning, or pool closures, etc, clients will be credited for the lesson.
- Rescheduling lessons must be made directly through the Therapeutic Programs Office.
- Lessons are held rain or shine. The pool will temporarily close (usually 30 minutes) for thunder and lightning. We do not follow the school and national holiday schedules. If you are unsure about your lesson being held, call the therapy office or customer service.

_____ I have read, understand, accept, and agree to follow the 12-Hour Cancellation Policy & Procedures
Initials

Swimmer’s Name

Swimmer’s Signature (if over 18 years)

Parent/Guardian Name

Parent/Guardian Signature (swimmer under 18)

Phone Number

Today’s Date

Rose Bowl Aquatics Center: Swim Diaper Policy

In an effort to provide the best customer service to all of our patrons, the Rose Bowl Aquatics Center requires that all adults and/or children who have a bowel movement in our pool be required to wear a swim diaper. **CDC health code requires that we shut down the pool in which a bowel movement has occurred for up to 38 hours.** Swim diapers are available at the Pro Shop located inside the Center. Please arrive at the Aquatic Center and assist your swimmer to use the restroom and then put on their swim diaper immediately before your lesson. If your swimmer arrives to their lesson without a swim diaper, they will not be allowed to enter the water until they are wearing a swim diaper. **We will not refund any lessons missed due to not having a swim diaper.** Thank you for understanding and cooperation to help the pool stay open for all.

Please Advise: Anyone who had or has had diarrhea in the past 2 weeks shall not use the pool. Please call to reschedule your lesson or to receive a credit

Swimmer's Name

Swimmer's Signature (if over 18 years)

Parent/Guardian Name

Parent/Guardian Signature (swimmer under 18)

Phone Number

Today's Date

Rose Bowl Aquatics Center:

Waiver of Liability

Swimmer's Name (Last/First): _____ Date: _____

In consideration of by being accepted for entry in a swim or dive program at the Rose Bowl Aquatics Center, Pasadena, California and of being allowed to undertake any other physical activities or to use any facilities or equipment of the Rose Bowl Aquatics Center, I do hereby unconditionally waive and release the Rose Bowl Aquatics Center, and all affiliated entities thereof, their successors, assigns and all officers, representatives, agents and employees thereof any and all claims, damages, liability, actions or demands from injury or loss of any nature whatsoever which I may have or which may hereafter accrue to me in connection with said program or other activity arising out of my use thereof or my participation therein, and for any acts of negligence committed by an agent, servant, or employee of the Rose Bowl Aquatics Center, or any related or successor activity.

I do understand the risks that are inherent in my participation in the above stated program, including injuries, damages, and losses of every nature, and I do hereby expressly assume all such risks. I further certify that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during any program participation. I hereby grant permission if I should suffer injury or illness, for the officials of the program to use their discretion to have me transported to a medical facility for medical care and treatment, and I take full responsibility for this action.

I have read the above release and understand that I am entering the program at my own risk. This release should be binding on me, my personal representatives, assigns, heirs, and next of kin for any and all damage and any claim or demands therefore on account of injury of the person or property or resulting in the death of the undersigned.

Parent/Guardian's Name: _____

Phone Number: _____

Parent/Guardian's Signature: _____ Date: _____

Rose Bowl Aquatics Center
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Phone: (626) 564-0330 Fax: (626) 470-9646 www.rosebowlaquatics.org
A Non-Profit Facility Serving All Members of Our Diverse Communities