

## ROSE BOWL AQUATICS CENTER

### Special Needs Intake Packet

**(Keep this page for your records)**

Thank you for choosing 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 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 (1:1) for 30 or 60 minutes
- \* Semi-Private Swim Lessons (2:1) for 30 or 60 minutes (2 swimmers at the same skill level-approved by instructor – such as siblings or friends)
- \* Adaptive Group Lessons (3:1) for 30 minutes
- \* Community Adaptive Group Lessons (large 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 and by visiting our website at **[www.rosebowlaquatics.org](http://www.rosebowlaquatics.org)**. If you have any questions or concerns, please contact the Therapy Office.

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 & Scheduling 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 and on our website (**[www.rosebowlaquatics.org](http://www.rosebowlaquatics.org)**).
- Return the completed pages to the Therapeutic Programs office. Forms can be returned by mail, e-mail, fax, or drop it 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 the instructors.**
- After the initial lesson, you are responsible for calling each month to schedule the lessons. **Registration begins at 10:00am on the 15<sup>th</sup> 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 30 minutes prior to the 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 (sickness, behaviors, phone number, e-mail, etc.)
- ❖ Guardians are asked to remain in the designated waiting area during lessons.
- ❖ We try to be consistent, but do not guarantee 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 a 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 insure 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 information or questions, contact:**

*Ellen Sheehan or Amanda DeWinstanley*

**Therapeutic Programs Office**

**(626)564-0330 x 419**

**[adaptswim@rosebowlaquatics.org](mailto:adaptswim@rosebowlaquatics.org)**

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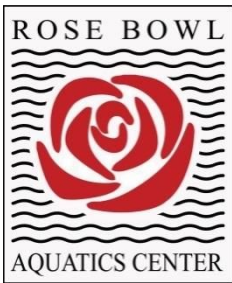
360 NORTH ARROYO BOULEVARD

PASADENA, CALIFORNIA 91103

PHONE: (626) 564-0330 FAX: (626) 470-9646

[WWW.ROSEBOWLAQUATICS.ORG](http://WWW.ROSEBOWLAQUATICS.ORG)

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# ROSE BOWL AQUATICS CENTER

## Special Needs Intake Packet

**Fill out completely and return to the Therapy Office**

Date: \_\_\_\_\_

Swimmer's Name – First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone – Primary: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

1<sup>st</sup> Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone – Primary: \_\_\_\_\_ Other: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone – Primary: \_\_\_\_\_ Other: \_\_\_\_\_

What programs are you interested in?  Private Lessons  Semi-Private Lessons  Rays Swim Team  
 Aquatic Physical Therapy  Adaptive Group  Community Group  Camp Splash (summer)  ACES

How did you hear about us? \_\_\_\_\_

This section 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 India/Alaskan Native & White

Black/African American  Black/African American & White  American Indian/Alaskan Native

American Indian/Alaskan Native & Black  Asian  Asian & White

Native Hawaiian/Other Pacific Islander  Other Multi-racial

### OFFICE USE ONLY

Instructor: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Funding: \_\_\_\_\_ Active: \_\_\_\_\_ Folder: \_\_\_\_\_ E-mail list: \_\_\_\_\_

Contacted: \_\_\_\_\_

Notes: \_\_\_\_\_

Current swim skills? \_\_\_\_\_

Fearful of the water?  Yes  No

Best way your swimmer learns?  Visually  Auditory  Tactile Cues

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 cannot verbally communicate or sign that they need to use the restroom.\***

Parent's Goals and Objectives (check all that apply): Swimming Skills Gait Water Safety  
 Strength  Endurance  Balance  Attention Span  Fine/Gross Motor  
 Socialization/Interaction  Verbalization/Self-Expression

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

Initials

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 x419**. Messages are documented with the date and time.
- Cancellation more than 12 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 or 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's 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 be temporarily closed (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  
Initials & Procedures.

\_\_\_\_\_  
Swimmer's Name (print clearly)

\_\_\_\_\_  
Swimmer's Signature (if over 18 years)

\_\_\_\_\_  
Parent/Guardian Name (print clearly)

\_\_\_\_\_  
Parent/Guardian Signature (if swimmer under 18 years)

\_\_\_\_\_  
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 for any lessons missed due to not having a swim diaper.** Thank you for your understanding and cooperation to help the pool stay open for all.

**\*Please Advise: Anyone who has 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 (print clearly)

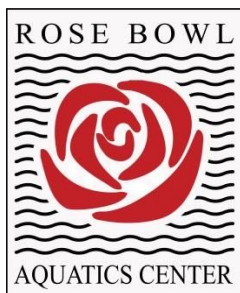
\_\_\_\_\_  
Swimmer's Signature (if over 18 years)

\_\_\_\_\_  
Parent/Guardian Name (print clearly)

\_\_\_\_\_  
Parent/Guardian Signature (if swimmer under 18 years)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Today's Date



**WAIVER OF LIABILITY**  
Rose Bowl Aquatics Center

Swimmer's Name: \_\_\_\_\_  
Last Name First Name Birth 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 inquiry of the person or property or resulting in the death of the undersigned.

Parent/Guardian's Name: \_\_\_\_\_  
Last Name First Name

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature Date

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