



# THE LEAGUE

FOR PEOPLE WITH DISABILITIES, Inc.

*Putting Ability First*

## Swim Lesson Application

### OFFICE USE ONLY

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

Check/Cash: \_\_\_\_\_

Amount: \_\_\_\_\_

Discount: \_\_\_\_\_

Staff: \_\_\_\_\_

### FOR STAFF USE ONLY

Session: \_\_\_\_\_

Waiting List:  YES  NO

Class Time: \_\_\_\_\_

Adaptive

Parent/Child

Level 1

Level 2

Level 3

Level 4

Level 5

Adult 1

Private

CHECK ONLY ONE

NOTE: FIRST DAY OR LATE REGISTRATION WILL INCUR A \$10.00 LATE REGISTRATION FEE!

SWIMMER'S NAME				AGE
GUARDIAN'S NAME				RELATIONSHIP
STREET ADDRESS	CITY	ST	ZIP CODE	HOME TELEPHONE
_____				— —
_____				WORK TELEPHONE
_____				— —
EMERGENCY CONTACT		RELATIONSHIP		HOME TELEPHONE
_____		_____		— —
HOW DID YOU HEAR ABOUT THIS CLASS?				
_____				
DOES THE SWIMMER HAVE ANY SPECIAL REQUIREMENTS OF DISABLING CONDITIONS THAT NEED TO BE CONSIDERED WHILE IN THE HEATED POOL AND/OR SWIMMING LESSONS? EXPLAIN:				
<input type="radio"/> YES <input type="radio"/> NO		_____		
_____		_____		
I ABSOLVE THE LEAGUE FOR PEOPLE WITH DISABILITIES, INC., IT'S EMPLOYEES, INSTRUCTORS AND VOLUNTEERS FROM ALL LIABILITY IN THE EVENT OF ANY ACCIDENTAL INJURIES THAT MAY OCCUR DURING OR AS A RESULT OF PARTICIPATION IN THE SWIMMING CLASSES.				
SIGNATURE _____			DATE _____	

### IMPORTANT INFORMATION – PLEASE READ!!

- NO REFUNDS!
- Please do not leave valuables and locks must be removed after each class.
- Parents should escort their children to and from the locker rooms and pool deck.
- Parents are welcomed to attend only the first and last days of class. Other times should be limited to the lobby or courtyard.
- Number of prepaid applicants will determine if the class will be offered. If The League cancels, monies will be returned.
- Parent/Child or Adaptive applicants will need an Adult aide.

THE FOLLOWING INFORMATION IS BEING REQUESTED TO GATHER STATISTICAL DATA FOR REPORTING TO THE UNITED WAY OF CENTRAL MARYLAND. YOUR INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE AND WILL ONLY BE USED TO DETERMINE HOW THE LEAGUE CAN BETTER SERVE YOU AND MAINTAIN FUNDING BY THE UNITED WAY.

RESIDENCY	SEX	RACE	HOUSEHOLD INCOME
<input type="radio"/> I AM A CITY RESIDENT? <input type="radio"/> I AM A COUNTY RESIDENT?  IF COUNTY RESIDENT, NAME: _____	<input type="radio"/> MALE  <input type="radio"/> FEMALE	PRIMARY SECONDARY  <input type="radio"/> <input type="radio"/> AFRICAN / AMERICAN <input type="radio"/> <input type="radio"/> ASIAN <input type="radio"/> <input type="radio"/> CAUCASIAN <input type="radio"/> <input type="radio"/> HISPANIC / LATINO <input type="radio"/> <input type="radio"/> NATIVE AMERICAN	<input type="radio"/> \$0 - \$15,000 <input type="radio"/> \$15,001 – \$30,000 <input type="radio"/> \$30,001 – \$50,000 <input type="radio"/> \$50,001 – Over

**VOLUNTEER OPPORTUNITIES**

ARE YOU (AND YOUR FAMILY) WILLING TO VOLUNTEER?     YES     NO

AREA OF INTEREST: \_\_\_\_\_

(Note: Volunteer Coordinator will contact you)