

# Thank you for requesting ADAPTED SWIM LESSONS at the Smith Family YMCA



Please review the following policies before returning your adapted lesson request form. If you have any questions, please contact Danielle Krohn, Aquatics Director, at 815-726-3939 x417 or by email at [dkrohn@jolietyymca.org](mailto:dkrohn@jolietyymca.org)

1. One session of adapted swimming lessons includes 5 half-hour lessons. Cancellations made by the participant with more than 24 hours notice, or with a doctor's note, will be made up by the instructor using the extra weeks at the end of the session. No more than 2 lessons can be made up in a session. All lessons must be completed by the last Saturday of the session. Cancellations made with less than 24 hours notice and without a doctor's note will not be made up.
2. If an instructor cancels a lesson, the member will be offered either a substitute instructor or an alternate time, whichever is more convenient for the member. Lessons cancelled by the Y will be rescheduled at the earliest possible date.
3. Regardless of arrival time, lessons will end at the scheduled time.
4. For your child's safety and to avoid distractions we ask that you observe your child's lessons from one of our pool observation rooms.
5. Before the beginning of each session, adapted students may be paired up for lessons at the recommendation of the instructor.

I have read and understood the above information. By signing below I am agreeing to abide by and follow all of the YMCA's rules, policies and procedures.

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Participant Signature (or Parent if Participant is a minor)

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Date

**LOVE YOUR FAVORITE SWIM INSTRUCTOR?**  
**Have them host your birthday party at the Y!**

Did you know you could request your favorite swim instructor or lifeguard to be your party host?  
Simply request their name when booking to find out if they are available on your special day!

Contact Danielle Krohn, Aquatics Director, at 815-726-3939 x417 or [dkrohn@jolietyymca.org](mailto:dkrohn@jolietyymca.org) to book today!



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STUDENT NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

STUDENT AGE: \_\_\_\_\_

MEMBER TYPE: FULL PROGRAM

PARTICIPANT'S DISABILITY: \_\_\_\_\_

**Are there any behavioral issues that we need to address?** Please share any behavior intervention strategies that work best with your child.

\_\_\_\_\_

**What (if any) equipment does your child use?** (e.g. glasses, wheelchair) \_\_\_\_\_

**What are your child's interests?** (e.g. food, toys, cartoons) \_\_\_\_\_

**What are your child's dislikes? Does your child have any strong aversions?** (e.g. water in face or ears)

\_\_\_\_\_

**Is your child subject to seizures?** If yes, please describe seizure (e.g. time usually lasts, loss of consciousness, symptoms before it occurs, anything to avoid)

\_\_\_\_\_

**What are your goals for your child in this program?** (e.g. safety, stroke development, socialization)

\_\_\_\_\_

**Has your child participated in a swimming program before?** If yes, please describe their comfort and skill level in the water (e.g. not comfortable putting face in, likes to jump in the deep end, etc.)

\_\_\_\_\_

**Is there anything else you would like us to know about your child, so that we are able to adjust the program to best meet their needs?**

\_\_\_\_\_

**What days and times are you available?** Lessons are currently run weekday evenings and Saturday mornings. Scheduling is based on our instructors' schedules and wait list priority, though we will strive to meet your availability.

\_\_\_\_\_