

# Special Needs Aquatic Program

For Staff Use:  
Rcvd \_\_\_\_\_  
Outlook \_\_\_\_\_  
Input \_\_\_\_\_

## NEW HELPER REGISTRATION

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Name \_\_\_\_\_

Email \_\_\_\_\_ I \_\_\_\_\_ can / \_\_\_\_\_ cannot open email attachments.

Address \_\_\_\_\_  
Street City Zip code

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Water Skills (check all that apply):

\_\_\_\_\_ Beginner    \_\_\_\_\_ Intermediate    \_\_\_\_\_ Advanced    \_\_\_\_\_ Fish  
\_\_\_\_\_ Lifeguard    \_\_\_\_\_ Taught lessons    \_\_\_\_\_ Swim for exercise    \_\_\_\_\_ Team

I would like to help for \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 hours each week.

I would like to be on SNAP's substitute helper list this semester \_\_\_\_\_.

My preferred days and times at the Berkeley High warm pool are: ( 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices).

Monday (Berkeley High)	Wednesday (Berkeley High)	Friday (Berkeley YMCA)
4:30 _____	4:30 _____	
5:30 _____	5:30 _____	5:00 _____ Shallow pool – younger kids
6:30 _____	6:30 _____	6:00 _____ Deep pool – older kids lap class

I have a friend who might be interested in helping too.

His/her name is \_\_\_\_\_ Phone \_\_\_\_\_

Questions/comments \_\_\_\_\_  
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Please return this form to:

Special Needs Aquatic Program, P.O. Box 120, Berkeley, CA 94702-0120, fax to (510) 740-3974, or email to [snapkids@earthlink.net](mailto:snapkids@earthlink.net).

Thanks everyone – See you in the water!