

# Special Needs Aquatic Program

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

## NEW SWIMMER REGISTRATION

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PLEASE PRINT CLEARLY

Swimmer's Name \_\_\_\_\_ Age \_\_\_\_\_ Our contact info \_\_\_has/ \_\_\_has not changed.

Parent(s) Name(s) \_\_\_\_\_

Email \_\_\_\_\_ We \_\_\_can / \_\_\_cannot open email attachments.

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

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_ Other \_\_\_\_\_

Child's water experience \_\_\_\_\_

A parent or attendant \_\_\_\_\_ will \_\_\_\_\_ will not accompany the swimmer **IN** the water each visit.  
**Note:** Parent/attendant participation is **required** in Parent-Tot classes. Parents/attendants may participate in classes for older children when approved by SNAP director.

We'd prefer (\*\* 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> choices\*\*):

MONDAY (Berkeley High) 4:40 _____	WEDNESDAY (Berkeley High) 4:40 _____	FRIDAY (Berkeley YMCA) 5:00 _____ (Shallow pool)
5:40 _____	5:40 _____	6:00 _____ (Deep pool – lap class)
6:40 _____	6:40 _____	

\_\_\_\_\_ Every week \_\_\_\_\_ Every 2 weeks \_\_\_\_\_ 1 time/month \_\_\_\_\_ Other (explain)  
**(PLEASE BE REALISTIC!)**

We will be on vacation \_\_\_\_\_

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!

**Special Needs Aquatic Program**  
P.O. Box 120, Berkeley, CA 94701-0120  
ph (510) 495-4102/ fax (510) 740-3974/ [snapkids@earthlink.net](mailto:snapkids@earthlink.net), [www.snapkids.org](http://www.snapkids.org)  
SNAP is program of United Cerebral Palsy of the Golden Gate