



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Name \_\_\_\_\_

Parent Names \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Tell us about your swimmer?

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Important information to know about your child's sensory needs?

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Important goals that are being implemented outside of swimming?

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Additional Helpful Information for our instructors and staff:

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