

IMPORTANT REMINDERS

- **You MUST contact Karen Natho if you are planning on registering for the program. Only these athletes will be guaranteed a place in the program.**
- Cheques should be payable to Brock University.
- **Print clearly when completing the application form.**
- Please note, that transportation to and from Brock University, parking, getting changed and onto the pool deck/gymnasium, toileting is the responsibility of the athlete and/or parent/guardian
- **At the first practice completed registration forms and fees must be submitted at the Recreational Services Welcome Desk at Brock University.**

If you have any questions please call (905) 359-6283 or email niagarapenguins@brocku.ca.

Program Choice: (circle)

Swim Only(\$75) – per session

Basketball team 1 year (\$150)

ATHLETE PROFILE

Last Name:

First Name:

Male Female

Disability/Diagnosis:

Date of Birth:(dd/mm/yy) ____/____/____

Last completed grade/year: _____ Type of class (*integrated, supported, etc.*): If applicable _____

May we use photos or videos of the athlete to promote Brock Niagara Penguins? yes no

May we share your address or phone number with other athletes? yes no

Are there any swim or recreational activities the athlete must avoid? (please specify) _____

ATHLETE / PARENT or GUARDIAN INFORMATION

Contact:

Last Name: _____ First Name: _____

Street: _____ City: _____ Postal Code: _____

Daytime Phone: () _____ Evening Phone: () _____ Other: () _____

Relation to athlete _____ E-mail Address: _____

Emergency Contact:

Last Name: _____ First Name: _____

Street: _____ City: _____ Postal Code: _____

Daytime Phone: () _____ Evening Phone: () _____ Other: () _____

Relation to athlete _____ E-mail Address: _____

MEDICAL BACKGROUND

Number of medical visits within the last 6 months:

Reason:

Please indicate other medical concerns/issues that would be important in a swim / recreational setting (example: Allergies, Asthma, Seizures, Shunts)

COMMUNICATION

Verbal: yes no

Athlete understands what is said to him/her: yes no

Able to clearly express needs: yes no

Communication methods: Words Technical aids
 Other

Wears: Glasses Hearing Aids Contact Lenses

BEHAVIOUR

Check (✓) the types of behaviour that apply to the athlete:

No unusual behaviour (proceed to next section)

Withdrawn/shy

Verbally aggressive

Temper tantrums

Other _____

Physically aggressive towards others (hits, bites, etc)

Attaches self to adults

Self injurious

Wanders/runs away

Please explain any behaviours, their frequency, and methods of dealing with the behaviours:

SWIMMING ABILITY

Please describe athlete's swimming ability:

Can the athlete swim independently? no yes

Does the athlete need to touch the bottom of the pool the majority of the time? no yes

Does the athlete require any assistive devices when swimming? (e.g. lifejacket)

Athletes must provide a suitable bathing suit, water bottle, towel, lock and swim goggles for swimming.

All athletes will be given a club t-shirt once during the year

Preferred size of shirt: (circle) Youth S M L Adult S M L XL

ATHLETE'S GOALS AND INTERESTS

Please comment on the reason for interest in the program: (e.g. recreational, get active, social, competition)

What other programs has the athlete been involved in?

What are some of the interests of the athlete?

Siblings wishing to swim at the same time and location as their brother / sister may register for the Olympic Way program through Brock Niagara Aquatic (www.casca.org/brock) or Brock University swimming lessons.

CONSENT

I acknowledge that I have thoroughly read and understand the application form and athlete code of conduct.

I acknowledge that, to the best of my knowledge, the information on this application form is correct.

I understand that this is an application for Brock Niagara Penguins and does not guarantee confirmation.

Cancellation: Refunds will only be given 2 weeks prior to the start of the session.

I agree to inform Brock Niagara Penguins of any changes in the athlete's medical condition prior to and throughout the registered session.

Athlete's Health Card Number: _____ Version Code: _____

Athlete's Signature (18 Years or older) / Parent or Guardian: _____

Date: _____