



Swimmer Registration Form

*Mississippi State Adapted Swim Camp – Hosted by Mississippi State Kinesiology
 October 9-13, 2023 – Sanderson Recreation Center
 Registration Cost: \$100.00*

We are pleased to offer this aquatics program to people with disabilities and look forward to helping your family member learn to reach their aquatic goals in and around aquatic environments.

Requirements for Participation (Swimmer must meet all of below criteria):

- Have a diagnosed disability
- Without a tracheostomy
- Minimum of 3 years of age
- G-tube stoma (if present) older than 2 months

NOTE: Dropping-off Swimmers at the program is not permitted. A parent, legal guardian or other adult authorized to take responsibility for the Swimmer (e.g. another parent) must remain on site for the duration of the 45-minute or 60-minute program.

*****All fields are required. Registration will not be accepted if this form is incomplete*****

Swimmer/Family Information:

Swimmer First Name:	
Swimmer Last Name:	
Swimmer Sex (M or F):	
Swimmer Date of Birth:	
Swimmer Height (in inches):	
Swimmer Weight:	
Swimmer T-Shirt Size:	
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Address City, State, Zip:	
Emergency Contact Name:	
Emergency Contact Phone:	

NOTE: It's important to consider behavioral issues when evaluating if this program is appropriate for your swimmer. An individual may be physically able to participate, but if their behavior is such that they will not follow instructions, then it's likely this program will not be beneficial. Parent/guardian may be asked to assist if needed. Individuals with severe behavioral issues may be asked to leave the program if their actions are potentially harmful to themselves or others at camp. All safety procedures of the facility must be adhered to.

Disability Information:

Primary Diagnosis:	
Secondary Diagnosis, if any:	

Please provide detailed information regarding the above diagnoses that will help us work with the swimmer safely and effectively (box will expand if more room is needed):

Health Information:

Food or other allergies, if any:	
External medical devices such as prosthetics, hearing aids or G- tubes:	
Assistive walking devices such as walkers, crutches, wheelchair:	

Please explain any health/medical conditions or health concerns and any special instructions (box will expand if more room is needed):

Choose A Session:

Please indicate the appropriate session.

	Session#	Times	Class Description
	1	8:00am-9:00am	Swim for ages 8-12 years
	2	1:00-1:45pm	Swim for ages 3-7 years

There will also be a parents informational meeting on Sunday October 8th at 6pm in the Sanderson Recreation Center Conference Room. (Just parents, not Swimmers should attend).

Where did you hear about the camp from? (check box)

- Word of Mouth
 Radio
 Television
 Brochure/Flyer
 Newspaper
 Other

Explain: _____

Swimmer Information:

(NOTE: The following Swimmer information is disclosed orally and/or in print form to the Swimmer’s assigned Volunteers. Please do not include any information below that you do not consent to being disclosed to the Swimmer’s Volunteers)

This information helps camp staff & volunteers assigned to work directly with the Swimmer understand and better serve the individual needs of the Swimmer.

Swimmer Name:	
Nickname, if any:	
Age at Time of Camp:	
Diagnosis (optional):	

Please place an ‘X’ in the box that most appropriately describes the Swimmer:

Generally speaking, the Swimmer....	Yes	Sometimes	No
can verbally communicate			
is comfortable with physical queues/prompts			
benefits from use of pictures to convey meaning			
has a tendency to wander/elope			
gets upset by visual or audio stimuli (eg. bright lights, loud noise)			
gets upset by background noise such as music or talking			
Comments/Additional Information - include other forms of communication such as sign language or an iPad if applicable:			

Please answer each of the following questions:

1. What strategies do you use to promote positive behavior and/or discourage negative behavior that will enable us to work safely and successfully with the swimmer?

2. What are favorite activities, movies, music, hobbies or other interests of the swimmer?

3. Suggested motivators if needed.

4. Does your swimmer know how to swim? Please describe their current level of proficiency.

5. Has your swimmer previously attended an adapted swim camp (e.g., iCan Swim)?

Yes No If yes list year(s) and outcome:

6. Has your swimmer participated in learn to swim classes? Please provide information about the classes, where the classes took place, the organization teaching the class, what year and how many classes your swimmer participated in.

6. Does your swimmer fear or enjoy the water (including bath and/or shower time)?

7. Has your swimmer encountered a negative experience in the water? If yes, please explain.

8. Does your swimmer experience incontinence or will a swim diaper be required? (Swim diapers must be supplied by parent/caregivers.)

9. Does your swimmer have a preferred method of pool entry and exit? (ramp, wheelchair transfers assisted or independent, using a lift, side of pool, stairs, ladder, etc)

10. Do you consider your swimmer to be safe in and around aquatic environments?

11. Has your swimmer ever worn a lifejacket?

12. What are your aquatic goals for your swimmer during the MSU Adapted Swim camp week?

13. What are your aquatic goals for your swimmer long term?

14. Will your swimmer have a place to practice swimming following the MSU Adapted Swim camp? If so, where? (YMCA, Parks & Rec, family pool, neighborhood pool)

MISSISSIPPI STATE UNIVERSITY

Waiver and Release for Minors under 18

This is a release of legal rights; please read and understand before signing!

I, _____ will be participating in Mississippi State Adapted Swim Camp (Activity) sponsored by the Department of Kinesiology of Mississippi State University (“MSU”) on/during October 9-13, 2023.

On behalf of myself/my child, I understand that there may be risks involved with this Activity, both anticipated and unanticipated and I am taking part in this Activity or allowing my child to do so. I am aware that the events involved in the Activity may include, but are not limited to, drowning, slip and fall and other pool related hazards. As a condition of my and/or my child’s participation in this Activity, I assume full responsibility for any risk of loss or damage to property or any personal injury, even death, which may be sustained by me and/or my child while participating voluntarily in this Activity, or while I and/or my child are on the premises where the Activity is conducted, or while I and/or my child are traveling to and from this Activity. All my questions about this Waiver and this Activity have been answered to my satisfaction and I freely and knowingly elect to participate in this Activity or allow my child to do so.

On behalf of my child and myself, I waive, release, and discharge MSU and its employees, assigns, agents, and affiliated entities, along with the Board of Trustees of State Institutions of Higher Learning for Mississippi (hereinafter “Releasees”). I agree and covenant that I will not sue any of the Releasees for any liability related to my participation in this Activity, whether caused by negligence, a breach of an express or implied contract, or otherwise. I further agree to indemnify and hold harmless the Releasees from any loss, liability, damages or costs, including but not limited to court costs and attorney’s fees, which may result from my and/or my child’s participation in this Activity and any injuries or loss which may occur.

I acknowledge that the Releasees, as public entities or employees, do not carry liability insurance for this Activity and that in order to allow this Activity and others like it, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees.

It is my express intent that this agreement shall bind the members of my and/or my child’s family and spouse (if any), if I am alive, and my heirs, assigns and personal representative if I am not alive, and this Agreement shall be deemed as a release, waiver, discharge, and covenant not to sue the above Releasees. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi.

In signing this release, I acknowledge and represent that I have read and understood the foregoing Agreement, and that I sign it voluntarily of my own free will. No oral or written representations or statements of inducements, apart from the foregoing written Agreement, have been made. I execute this waiver and release for full, adequate, and complete consideration, fully intending to be bound by its terms.

Signature of Participant and Date

Signature of Parent/Legal Guardian & Date

Printed name of Participant

Printed name of Parent or Legal Guardian

Photo/Video Media Release Form

I hereby grant Mississippi State University on behalf of its College of Education ("MSU") permission to use my likeness in any photographs, video or other digital or print productions ("Materials") in any and all of its publications and other media for use by MSU. I understand and agree that the Materials will become the property of MSU and will not be returned.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release MSU and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Name (Printed): _____

Date: _____

Address: _____

Signature: _____

Email: _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I certify that I am the parent or guardian of _____, named above, and give my consent for the purposes set forth in original release on behalf of this person.

(Parent/Guardian's Printed Name)

(Parent/Guardian's Signature)

(Date)

Submission/Payment Instructions:

Payment of the camp fee is required to process the registration form. Please include check of \$100.00 payable to Mississippi State University.

Forms can be mailed to: Dr. Gregg Twietmeyer, Mississippi State University, Rice Hall 639, Mississippi State, MS, 39762.

You can email the form to g.twietmeyer@msstate.edu. Your payment will be required by the parents meeting on October 8th.

(You can also drop registrations off in the MSU Kinesiology Dept. Office Rice Hall 6th Floor).