

City of Temecula Aquatics
Adaptive Swim Lessons – Swim Buddy Program
Registration Form

SWIM BUDDY INFORMATION

Participant's Name		Date of Birth	Male ____ Female ____
Phone		Can we text you? Yes ____ No ____	
Address	City	Zip	
Email			
T-shirt Size			
<input type="checkbox"/> XS	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large <input type="checkbox"/> XL

SCHEDULING INFORMATION

Please check the Session(s) you can work and then select the time(s) that you would prefer to volunteer (as many as possible).

Session 1: June 11 – June 21	Session 2: June 25 – July 5	Session 3: July 9 – July 19	Session 4: July 23 – Aug 2
<input type="checkbox"/> 1:30- 2:00 pm	<input type="checkbox"/> 1:30- 2:00 pm	<input type="checkbox"/> 1:30- 2:00 pm	<input type="checkbox"/> 1:30- 2:00 pm
<input type="checkbox"/> 2:10- 2:40 pm	<input type="checkbox"/> 2:10- 2:40 pm	<input type="checkbox"/> 2:10- 2:40 pm	<input type="checkbox"/> 2:10- 2:40 pm
<input type="checkbox"/> 2:50 – 3:20 pm	<input type="checkbox"/> 2:50 – 3:20 pm	<input type="checkbox"/> 2:50 – 3:20 pm	<input type="checkbox"/> 2:50 – 3:20 pm

Please check the Training Date that you plan on attending.

<input type="checkbox"/> June 9 th – 9:00 – 10:30 a	<input type="checkbox"/> July 7 th – 9:00 – 10:30 a	<input type="checkbox"/>	<input type="checkbox"/>
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Please be aware that you **must** be able to attend one (1) Swim Buddy Training day before you begin volunteering. Before you choose a session to volunteer for, make sure that you are able to attend a training that is *before* the first day of the session.

Does this participant have any family members in the Swim Buddy Program? If so, please write their name(s) below.

Does this participant have any family members in the Special Needs Swim Lessons? If so, please write their name(s) below.

Does this participant often carpool with another person/family in the Swim Buddy Program? If so, please write their name(s) below.

ADDITIONAL INFORMATION

Briefly describe your experience with children.

Have you ever worked with children with special needs? Is so, please describe.

Please describe your swimming experience (if any).

Why do you want to be a Swim Buddy?

PARENT/GUARDIAN INFORMATION (if under 18)

Parent/Guardian Name

Cell Phone

Home/Alt Phone:

Address:

City

Zip

Email

Liability Waiver: I realize every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present: however, in the event of an injury, I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, as well as against the supervisor, the City of Temecula, it's officers, agents, employees and volunteers. I further permit the use of activity/event photography and/or video media promotion. In case of accident or other emergency, personnel of the Community Services Department and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred a result of said treatment.

I further permit the use of activity/event photography and/or video for media promotion

^ Signature Participant or Parent/Guardian of Minor (under 18)

^ Date