



All of the programs offered here are financially supplemented through a variety of grants and fund raising activities. In order to apply for this support, Capper must provide accurate information about those served. Please be assured that specific information about you and your family will NOT be shared with anyone. Thank you in advance for your help.

## Intake Form

**Consumer/Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**(City/State/Zip)** \_\_\_\_\_ **County** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**School District Name:** \_\_\_\_\_ **USD #** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**OPTIONAL:** # of persons in household \_\_\_\_\_ Household income (annual) \_\_\_\_\_

**Race:** \_\_\_ African-American \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Caucasian

\_\_\_ Native Hawaiian/Pacific Islander  
**Ethnicity:** \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

**Language:** \_\_\_ English \_\_\_ Spanish \_\_\_ Other

**Parent/Guardian Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home#** \_\_\_\_\_  
\_\_\_\_\_ **Cell#** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home#** \_\_\_\_\_  
\_\_\_\_\_ **Cell#** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Employer Name :** \_\_\_\_\_

Is the consumer/child the child, spouse, or parent of someone in Active Duty, National Guard/Reserve, or a Veteran?  
\_\_\_ Yes \_\_\_ No

### **AUTHORIZATION TO RECEIVE MARKETING, PUBLIC RELATIONS AND FUNDRAISING MATERIAL**

\_\_\_ Yes, I'd like to receive marketing, public relations, or fundraising material from Capper.  
\_\_\_ No, I do not want to receive any marketing, public relations, or fundraising material from Capper.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Swimmer Registration Form

*iCan Swim Program - Capper Foundation*

*July 10-14, 2023*

*Locations:*

***Capper Foundation, 3500 SW 10<sup>th</sup> Av, 3-7 year olds (except Wednesday, 7/12)***

***Hummer Sports Park, 8 years and up -Capital Federal Natatorium***

***530 SW Tuffy Kellogg Drive, Topeka, KS 66606***

*Cost: \$100*

We are pleased to offer this aquatics program to people with medically diagnosed 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):**

- Minimum of 3 years of age
- Have a medically diagnosed disability

It is important to consider behavioral issues when evaluating this program. An individual may be physically able to participate, but if their behavior is such that they cannot be persuaded to follow instructions, then it is likely this program will not be beneficial. Individuals with severe behavioral issues may be removed from the program if their actions are potentially harmful to themselves or others at the pool. All safety procedures of the facility must be adhered to.

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

### **Swimmer/Family Information:**

Swimmer Name:
Swimmer Gender (M or F):
Swimmer Date of Birth:
Swimmer Height:
Swimmer Weight:
Swimmer T-Shirt Size: Youth or Adult and S M L XL 2XL

Parent/Guardian Name:
Parent/Guardian E-Mail:
Parent/Guardian Phone:
Parent/Guardian Cell Phone:
Home Address:
Emergency Contact Name:
Emergency Contact Phone:

**Disability Information:**

Primary Diagnosis:	
Secondary Diagnosis, if any:	

***How does the above diagnosis affect your swimmer, in regards to swimming?***

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**Health Information:**

Food or other allergies, if any:	
External medical devices such as prosthetics, hearing aids, glasses, ostomy-colostomy, ileostomy, urostomy, tracheostomy, G tubes):	
Assistive walking devices such as walkers, crutches, wheelchair:	
Seizures: Yes or No	If yes, do you carry rescue medicine in case of a seizure? explain
AAC for communication: Yes or No	If yes, explain

***Please explain any health/medical conditions or health concerns and any special instructions:***

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## Choose A Session:

**Please number each session in order of preference based on your child's age (i.e. 1<sup>st</sup>, 2<sup>nd</sup>)**

Session 1	<b>8:30-9:15</b>	<b>Swim for 3-7 year olds, Capper Foundation, except 7/12 at Capital Federal Natatorium</b>
Session 2	<b>9:45-10:30</b>	<b>Swim for 3-7 year olds, Capper Foundation, except 7/12 Capital Federal Natatorium</b>
Session 3	<b>11:00-12:00</b>	<b>Swim for Children 8-12 years, Capital Federal Natatorium</b>
Session 4	<b>1:15-2:15</b>	<b>Swim for Children 8-12 years, Capital Federal Natatorium</b>
Session 5	<b>2:45-3:45</b>	<b>Swim for age 13 &amp; above, Capital Federal Natatorium</b>

## Swimmer Information:

**This information helps camp staff & volunteer 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:**

<b>Generally speaking, the Swimmer....</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>
can communicate his/her needs			
when upset, can manage his/her emotions			
follows simple directions			
cooperates with others			
is comfortable with physical queues/prompts			
responds positively to playful banter			
benefits from use of pictures to convey meaning			
gets frustrated easily			
has trouble staying focused			
gets upset by visual or audio stimuli (eg. bright lights, loud noise)			
gets upset by background noise such as music or talking			
<b>Comments/Additional Information</b>			

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

4. Has your swimmer previously attended an iCan Swim program?

Yes             No

If yes list year(s) and outcome:

5. Has your swimmer previously had swimming lessons? If yes, where and what progress was made?

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? Can you bring a lifejacket to iCan Swim?

12. What are your aquatic goals for your swimmer during the iCan 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 iCan Swim camp? If so, where? (YMCA, Parks & Rec, family pool, neighborhood pool)

## Swimmer Acknowledgment & Liability Release

Swimmer Name: \_\_\_\_\_

Swimmers's Parent/Legal Guardian Name: \_\_\_\_\_

The undersigned hereby agrees to the following:

**1. Assumption of Risk:**

I, \_\_\_\_\_, am the above indicated Swimmer's parent or legal guardian and, for myself and on behalf of said Swimmer, have fully read the accompanying iCan Swim Registration Form and the related materials made available to me describing the iCan Swim program ("Camp"), and I am aware of, understand, and assume the unavoidable risks of the inherently dangerous activity of swimming, which involves movement and physical exertion that could result in, but not be limited to, severe bodily injury or death.

**2. Release of Liability:**

In consideration of iCan Shine, Inc. ("iCan Shine"), its affiliates [*Capper Foundation*], and [*USD 501*] allowing the above named Swimmer's and my participation in the Camp, I, for myself and on behalf of said Swimmer, our heirs, administrators, personal representatives or assigns, hereby agree to release, indemnify, hold harmless and discharge iCan Shine, its owners, agents, employees, officers, executives, directors, representatives, affiliates, assigns, [*Capper Foundation* and *USD 501*] and their volunteers, agents, employees, and officers of and from all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, even if caused, in whole or part, **BY THE NEGLIGENCE OF ANY OF THE FOREGOING**. I further agree that I shall not bring any claims, demands, legal action and causes of action, against iCan Shine and/or any of the foregoing for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by said Swimmer or ME in relation to the facility and/or operations of the Camp, which shall include, but not be limited to swimming or otherwise being near an aquatic environment at the facility during the Camp.

### **3. Indemnification:**

If, despite this release, I, the above named Swimmer or anyone on said Swimmer's behalf makes a claim against iCan Shine or any of the foregoing, I agree to indemnify and hold harmless iCan Shine and the foregoing from any litigation expenses, attorney's fees, loss, liability, damage, or cost that they may incur due to the claim(s) made against iCan Shine and the foregoing related to any of the activities or associated activities outlined above.

Further, I hereby expressly acknowledge that photographs and/or videos of said Swimmer could be taken by parties outside the control of iCan Shine and [Capper Foundation and USD 501] in connection with participating in the Camp. I acknowledge that iCan Shine and [Capper Foundation and USD 501] have limited or no control over such activities of third parties and have no control over any editing and/or use of such photos and/or video footage.

Signature of Swimmer's Parent/Legal Guardian: \_\_\_\_\_

### **Media and Data Collection Release**

I give permission for said Swimmer to be photographed and/or videotaped and later published in print or electronic media by iCan Shine or [Capper Foundation and USD 501] or third parties acting on behalf of iCan Shine or [Capper Foundation and USD 501]. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for these purposes, and may be produced, duplicated, distributed and used for informational, promotional, or other public purposes. I understand that photographs and videos are not my property and I will not be compensated for them. I understand and authorize the use in writing or otherwise the name or identity of said Swimmer.

Signature of Swimmer's Parent/Legal Guardian: \_\_\_\_\_



**Submission Instructions:**

***Please mail this completed registration form with payment to Capper Foundation or e-mail to Intake@capper.org.***

**Payment Information:**

***Payment of the camp fee is required to process the registration form.***

***Please charge my credit card \$100.00***

Name on Credit Card:	
Credit Card #:	
Expiration Date:	
Security Code:	

**-OR-**

***Payment by check enclosed payable to: Capper Foundation***

**- OR-**

***Submitting Funding Assistance Request (last page) with completed registration.***

**Submit your completed registration to:**

Capper Foundation  
Attn: Intake  
3500 SW 10<sup>th</sup> Ave  
Topeka, KS 66604

**Capper Foundation  
FUNDING ASSISTANCE REQUEST  
(OPTIONAL)**

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Service: **iCan Swim Program: July 10-14, 2023**

Annual Gross Family Income \$ \_\_\_\_\_ (Attach 1<sup>st</sup> page of most recent tax return)

Other Income \$ \_\_\_\_\_ (ie. child support, public assistance, etc. – please attach supporting documentation)

What amount can you afford to pay for the service? \$ \_\_\_\_\_

Additional financial information for consideration of funding assistance:

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I understand that this request is subject to availability of funding assistance dollars allocated annually. I also understand that funding assistance may not be available for all services.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Approved Rate: \$ \_\_\_\_\_

Review Committee Approval \_\_\_\_\_

Date of notification: \_\_\_\_\_