

Family Wellness Specialized Swim Lessons Intake Form

Family Wellness offers Specialized Swim Lessons to provide inclusive opportunities for children, teens and adults to develop essential skills for a lifetime of safety, confidence, and physical activity around water. As a commitment to the health and safety of our community around water, individuals who qualify for these types of lessons may register for private lessons at half the regular cost.

Once this application is complete and submitted, a member from our Aquatics team will reach out to you to collect additional information about the participant. If you have any questions, please contact aquatics-famwellness@sanfordhealth.org.

HOW TO APPLY:

1. Please fill out the information on the form below.

2. E-mail, mail, or bring the completed above items to:

- aquatics-famwellness@sanfordhealth.org
- Family Wellness Attn: Specialized Swim Lessons | 2960 Seter Parkway Fargo, ND 58104

PRIMARY APPLICANT INFORMATION (PARENT/GUARDIAN)

Parent's Name: _____ Parent E-mail: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred method of contact: _____ Email _____ Phone

Lesson type you are applying for: _____ Adult Non-Swimmer (13+) _____ Specialized Needs

Which season you want to be enrolled in: _____ Winter _____ Spring _____ Summer _____ Fall

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____ Relationship (Adult or Dependent Child): _____

Swimming Experience: _____

Please share in what ways can we accommodate you or your child during swim lessons. This includes any medical or physical restrictions, communication style, specific behavior(s), etc.

APPLICANT SIGNATURE

In completing this application and signing it, I certify that all of the information supplied to Family Wellness is true, accurate and complete to the best of my knowledge.

Signature of Applicant

Date