2010 Adaptive Swim Program
Swimmer Application
(Deadline October 1)

FUSE is pleased to offer our seventh adaptive swim program for children with disabilities. Hancock Wellness in Greenfield will host our program again this year. The adaptive swim program is geared toward non-swimmers and beginning swimmers with disabilities of all types who need to continue to build swimming skills to become independent in the water. Each swimmer is assisted in the water by a one-on-one volunteer. Swimmers from age 5 to 17 can participate.

Registration: Limited to the first 20 applicants. Deadline to register is October 1, 2010. A waiting list will be maintained if more than 20 applications are received.

Fee: $60 payable to FUSE, Inc. (Limited scholarships are available. Mark below if needed. You will be contacted to discuss details. A partial fee may be requested if scholarship requests exceed available funds, but we will work with you on your needs.)

Schedule: 6 weeks, Friday evenings from 6:30 to 7:30. October 15 through November 19 at Hancock Wellness, 888 W New Road, Greenfield.

Volunteers: One-on-one volunteers are needed. Volunteers must be 15 or older and have basic swimming skills. Please contact Denise Arland if you or someone you know is interested in volunteering.

For questions, call Denise Arland, Executive Director, at 462-9064 or email darland@fuseinc.org.

Clip and Return to:

FUSE, Inc., P.O. Box 314, Greenfield, IN 46140. You may email it to darland@fuseinc.org or fax to 317-467-0814.

Swimmer's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Can we text the cell phone above a weekly reminder? Yes____No____

Email: _____ Child's disability _____

Parent's Names _____

If scholarship is needed, please mark the appropriate box. _____ We need a full scholarship to participate

_____ We could pay $10 _____ We could pay $20

Please describe impact of the disability on your child's motor or social skills. Describe any additional information that may be helpful (i.e. child is afraid of the water, has sensory issues, etc.) Include any special equipment that may be required in the water. Use back side of paper if needed.

_____

_____

_____

Please mark with an X all sessions your child can attend:

Practice	Practice	Practice	Practice	Practice	Final Meet/Party
10/15	10/22	10/29	11/5	11/12	11/19

I hereby grant permission for my son/daughter to participate in the activities of the FUSE adaptive swim program. Further, I agree to hold harmless and release FUSE, Inc. and its officers and directors, and Hancock Wellness, and its employees or agents, from any and all liability, claims, and actions arising out of or related to any loss, damage, or injury, including death,that may be sustained by the participant. I also hereby grant permission for FUSE to use program photos of my child for promotional purposes in written publications or electronic media.

Signature of parent/guardian _____