

2018 Adaptive Swim Program Swimmer Application (Deadline September 17)



FUSE is pleased to offer our adaptive swim program for children with disabilities. Hancock Wellness Center 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 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 15 can participate. Older swimmers MAY be accepted if space is available.

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Registration:	Enrollment limited to no more than 15 participants. Deadline to register is September 17, 2018. Application approval is dependent upon volunteer registration. A waiting list will be maintained if needed. \$70 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						
Fee:							
	you on your needs.		requested if schor	arship requests ex	ceed available ful	ius, but we will work wit	
Schedule:	7 weeks, Friday evenings from 6:30 to 7:30. October 5 through November 16, at Hancock Wellness Center, 888 W New Road, Greenfield.						
Volunteers:	One-on-one volunteers are needed. Volunteers must be 15 or older and have basic swimming skills. Please conta Denise Arland if you or someone you know is interested in volunteering. ADULT VOLUNTEERS ALSO NEEDI						
	For questions, call D	enise Arland, Exe	ecutive Director, at	317-462-9064 or	email darland@fu	useinc.org.	
FUSE, Inc.,	, 1133 W Main St. Ste	e. E, Greenfield, I	Clip and Retur N 46140. You ma		nd@fuseinc.org o	r fax to 317-467-0814.	
Swimmer's Name:				Date of Birth:	ate of Birth: Tee Shirt Size		
Address: City:				Zip:			
Phone: (H)		(W)		(C)			
		•	Can we text the cel	l phone above a w	eekly reminder?	YesNo	
Email:			Child's d	lisability			
Parent's Names	3						
If scholarship is needed, please mark the appropriate box.				We need a full scholarship to participate We could pay \$20 We could pay \$40			
	aid of the water, has s					nation that may be helpful in the water. Use back	
Please mark w	rith an X all sessions	vour child can a	ttend:				
Practice	Practice	Practice	Practice	Practice	Practice	Practice & Party	
10/5	10/12	10/19	10/26	11/2	11/9	11/16	

Date

my child for promotional purposes in written publications or electronic media.

Signature of parent/guardian