



2020 Adaptive Swim Program Swimmer Application (Deadline September 28)



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.

- Registration:** Enrollment limited to no more than 15 participants. Deadline to register is September 28. Application approval is dependent upon volunteer registration. A waiting list will be maintained if needed.
- Fee:** \$80 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:** 7 weeks, Friday evenings from 6:15 to 7:15. October 9 through November 20, 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 contact Courtney Locke if you or someone you know is interested. **ADULT VOLUNTEERS ARE ALSO NEEDED**

For questions, call Courtney Locke at 317-462-9064 or email clocke@fuseinc.org.

Clip and Return to:

FUSE, Inc., 1133 W Main St. Ste. E, Greenfield, IN 46140. You may email it to clocke@fuseinc.org or fax to 317-467-0814.

Swimmer's Name: _____ Date of Birth: _____ Tee Shirt Size _____

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 \$20 _____ We could pay \$40

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	Practice	Practice
10/9	10/16	10/23	10/30	11/6	11/13	11/20

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 employees, officers, directors 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 _____ Date _____