All programs offered here are financially supplemented through a variety of grants and fund-raising activities. 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

Child's Name: _____ **Date of Birth**: _____

Address: _____ **Phone #**: _____

City/State/Zip _____**County** _____

Diagnosis: _____ **Male** _____ **Female** _____

Ethnicity (check all that apply) ____African American ____ American Indian or Alaskan Native ____Asian

____Caucasian ____Native Hawaiian or Pacific Islander _____ Hispanic or Latino

Language: ____English ____Spanish ____Other

Parent/Guardian Name_____ **Relationship:** _____

Address (if different)**:** _____

Home#_____ Cell**#**_____

Email: _____

Employer: _____ **Work #**_____

Parent/Guardian Name_____ **Relationship**: _____

Address (if different)**:** _____

Home#_____ Cell**#**_____

Email: _____

Employer: _____ **Work #**_____

Is the consumer/child the child, spouse, or parent of someone in Active Duty, National Guard/Reserve, or a Veteran?

____Yes _____No

OPTIONAL: **# of persons in household** _____ **Annual Household Income:** _____

AUTHORIZATION TO RECEIVE MARKETING, PUBLIC RELATIONS, AND FUNDRAISING MATERIAL

_____ Yes, I would 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 7-11, 2025
Locations:
Capper Foundation, 3500 SW 10th Ave., sessions 1-3 (except Wednesday 7/9)
Hummer Sports Park Capitol Federal Natatorium,
530 SW Tuffy Kellogg Drive, Topeka KS 66606, sessions 4-5
Cost:$115

We are pleased to offer this aquatics program to people with 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 <u>all</u> of below criteria):

- Have a diagnosed disability
- Without a tracheostomy
- Minimum of 3 years of age
- G-tube stoma older than 2 months

NOTE: Dropping-off Swimmers at the program is not permitted. A parent, legal guardian or other adult authorized to take responsibility for the Swimmer (e.g. another parent) must remain on site for the duration of the 45-minute or 60-minute program.

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

Swimmer/Family Information:

Swimmer First Name:	
Swimmer Last Name:	
Swimmer Gender (M or F):	
Swimmer Date of Birth:	
Swimmer Height (in inches):	
Swimmer Weight:	
Swimmer T-Shirt Size (circle one)	Youth: S M L XL Adult: S M L XL 2X 3X
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Parent/Guardian E-Mail:	

Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Address City, State, Zip:	
Emergency Contact Name:	
Emergency Contact Phone:	

NOTE: It's important to consider behavioral issues when evaluating if this program is appropriate for your swimmer. An individual may be physically able to participate, but if their behavior is such that they will not follow instructions, then it's likely this program will not be beneficial. Parent/guardian may be asked to assist if needed. Individuals with severe behavioral issues may be asked to leave the program if their actions are potentially harmful to themselves or others at camp. All safety procedures of the facility must be adhered to.

Disability Information:

Primary Diagnosis:	
Secondary Diagnosis, if any:	

Please provide detailed information regarding the above diagnoses that will help us work with the swimmer safely and effectively:

Health Information:

Food or other allergies, if any:	
External medical devices such as prosthetics, hearing aids or 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:

Choose A Session:

Please number each session in order of preference based on your child's age (i.e. 1st, 2nd 3rd):

	Session#	Times	Class Description
	1	8:30 am-9:15am	Swim for ages 3-7 years Capper Foundation except 7/9 at Capitol Federal Natatorium
	2	9:45 am-10:30 am	Swim for ages 3-7 years Capper Foundation except 7/9 at Capitol Federal Natatorium
	3	11:00am-12:00pm	Swim for ages 8-12 years Capper Foundation except 7/9 at Capitol Federal Natatorium
	4	1:15 pm-2:15 pm	Swim for ages 8-12 years Capitol Federal Natatorium
	5	2:45 pm-3:45 pm	Swim for ages 13 & above Capitol Federal Natatorium

Swimmer Information:

(NOTE: The following Swimmer information is disclosed orally and/or in print form to the Swimmer's assigned Volunteers. Please do not include any information below that you do not consent to being disclosed to the Swimmer's Volunteers)

This information helps camp staff & volunteers 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:

Generally speaking, the Swimmer….	**Yes**	**Sometimes**	**No**
can verbally communicate			
is comfortable with physical queues/prompts			
benefits from use of pictures to convey meaning			
has a tendency to wander/elope			
gets upset by visual or audio stimuli (eg. bright lights, loud noise)			
gets upset by background noise such as music or talking			
Comments/Additional Information: (include other forms of communication such as sign language or an iPad if applicable)			

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. Suggested motivators if needed.

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

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

☐Yes ☐No If yes list year(s) and outcome:

6. Has your swimmer participated in learn to swim classes? Please provide information about the classes, where the classes took place, the organization teaching the class, what year and how many classes your swimmer participated in.

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?

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, Topeka Public Schools, and Underwriters/Sponsors 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, Topeka Public Schools, and Underwriters/Sponsors 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, Topeka Public Schools, and Underwriters/Sponsors in connection with participating in the Camp. I acknowledge that iCan Shine and Capper Foundation, Topeka Public Schools, and Underwriters/Sponsors 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, Topeka Public Schools, and Underwriters/Sponsors third parties acting on behalf of iCan Shine or Capper Foundation, Topeka Public Schools, and Underwriters/Sponsors. 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, 3500 SW 10th Ave., Topeka, KS 66604 or e-mail to descobar@capper.org.

Payment Information:

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

☐ ***Please charge my credit card $115.00***

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: Debbie Escobar
3500 SW 10th Ave
Topeka, KS 66604

Capper Foundation
Funding Assistance Request
(OPTIONAL)

Participant: _____ Date: _____

Type of Service: **iCan Swim Program; July 7-11, 2025**

Annual Gross Family Income $_____ (Attach 1st 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:

_____

_____

_____

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

Completed By: _____ Date: _____