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**Adapted Aquatics Instructor Registration Form**

We are excited that you have chosen to join our Adapted Aquatics Instructor training program. We look forwarding to meeting you as we learn and teach together during the iCan Swim camp week.

*Insert Host Name, Dates and Location of Camp*

**GENERAL**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Mailing Address: |  |
| Cell Number: |  |
| Email Address: |  |
| Emergency Contact Name: |  |
| Emergency Contact Phone: |  |
| T-Shirt Size: |  |

For your safety please provide all medical conditions, requirements or allergies.

|  |
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|  |

**CERTIFICATIONS**

Select which of the following learn-to-swim instructor certification(s) have been obtained and the associated expiration date.

**Name Expiration Date**

|  |  |  |
| --- | --- | --- |
|  | American Red Cross Water Safety Instructor (WSI) |  |
|  | Starfish Aquatics Institute |  |
|  | Swim America |  |
|  | YMCA |  |
|  | Other |  |

Select a lifeguard certification you have obtained and associated expiration date.

**Name Expiration date**

|  |  |  |
| --- | --- | --- |
|  | American Red Cross |  |
|  | Jeff Ellis & Associates |  |
|  | Starfish Aquatics Institute |  |
|  | ASCO |  |
|  | Boy Scouts of America |  |

Select the First Aid/CPR/AED certification you hold and the associated expiration date.

**Name Expiration Date**

|  |  |  |
| --- | --- | --- |
|  | American Red Cross adult Y/N pediatric Y/N |  |
|  | American Heart Association |  |
|  | National Security Council |  |
|  | Jeff Ellis & Associates |  |
|  | Other |  |

**AQUATIC EXPERIENCE**

**Learn-To-Swim Instructor**

**Organization/Facility Name # of years Levels/class name Ages**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Coaching**

**Organization/Facility Name # of years Levels/class name Ages**

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| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other Aquatics**

**Organization/Facility Name # of years Levels/class name Ages**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

No experience is required working with people with disabilities. Please describe any that you have.

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|  |

**CURRENT CAREER**

**Organization and Position**

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| --- |
|  |

**CAMP SCHEDULE**

As part of the AAI 28-hour course each instructor must attend day training on the Sunday prior to the swim camp as well as at least 2 sessions each day of the camp week, Monday through Friday.

The following times are for our swimmers. Volunteers arrive 15 minutes prior to their assigned session(s) for daily training. **Instructors arrive 20 minutes prior to the session start time each day.**

**iCan Swim insert name of your camp Sunday Schedule**

***Times Description***

|  |  |
| --- | --- |
| **10:30am-2:30pm** | **Adapted Aquatics Instructor Training in classroom (please bring a bag lunch, snacks and water)** |
| **3:00-3:35pm** | **Parent & Volunteer Orientation (with facility tour)** |
| **3:45pm-5:10pm** | **Volunteer Training** |

Please number in order of preference which sessions work best for you to attend each day. Complete all sessions that you are available for. We encourage you to attend the entire camp day if you are available.

**iCan Swim insert name of your camp Camp Daily Schedule**

**Monday-Friday**

***Session # Times Description***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1** | **9:00am-9:45am** | **Swim for 3-7 year olds** |
|  | **2** | **10:15am-11:00am** | **Swim for 3-7 year olds** |
|  | **3** | **11:30am-12:30pm** | **Swim for Children 8-12 years** |
|  | **LUNCH** | **12:30pm-1:30pm** | **LUNCH** |
|  | **4** | **1:45pm-2:45pm** | **Swim for Children 8-12 years** |
|  | **5** | **3:15pm-4:15pm** | **Swim for teens 13 & above** |
|  |  | **4:30pm-5:30pm** | **AAI Training** |



**Adapted Aquatic Instructor Acknowledgment & Liability Release**

**(Mandatory for Participation)**

Adapted Aquatic Instructor Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adapted Aquatic Instructor Parent Name (if Instructor is under 18 years old):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby agrees to the following:

**1.         Assumption of Risk:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the above Adapted Aquatic Instructor(if at least 18 years old) or indicated Instructor’s parent or legal guardian (if Instructor is under 18 years old) and, for myself or on behalf of said Instructor, have fully read the accompanying iCan Swim Adapted Aquatic Instructor 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 spotting someone engaged in 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 [*insert Host name]*, and [*insert Facility name]* allowing the above named Instructor’s participation in the Camp, I, for myself and on behalf of said Instructor, 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 [Insert Host and Facility Names] and their 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 Instructor in relation to the facility and/or operations of the Camp, which shall include, but not be limited to, spotting and/or working with Swimmers while they are swimming or otherwise being near an aquatic environment at the facility during the Camp.

**3.         Indemnification:**

If, despite this release, I, the above named Instructor or anyone on said Instructor’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 Instructor could be taken by parties outside the control of iCan Shine and [insert Host and Facility names] in connection with participating in the Camp.  I acknowledge that iCan Shine and [insert Host and Facility names] 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 Instructor (if 18 years or older) OR

Signature of Parent (if under 18 years old):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_