

## Sea Snakes Parent Information Questionnaire

Hello parents and guardians, thank you for taking the time to fill out this information. The purpose for this questionnaire is to help us provide a safe environment for your swimmer and so we can give them the support that they need.

### Emergency Information

Parent/Guardian/Emergency Contact 1:  
Phone Number:

Parent/Guardian/Emergency Contact 2:  
Phone Number:

### Medical Information

Does your child have any Mental Health challenges, Behavioral Health challenges or other conditions that we should be aware of?

- Autism
- ADHD
- Anxiety
- Auditory Processing Challenges
- Other

If your child has a challenge, please let us know how we can best support them:

Does your child have any Physical Health challenges that we should be aware of?

- Asthma
- Allergies
- Diabetes
- Seizures
- Other

If your child has a challenge, please describe and let us know if they have any medication that they need to take in case of an emergency (Epipen, Inhaler, etc.)?

Does your child have any food, medicine or other allergies?

Does your child have any existing injuries? Or are they recently recovered from any serious injuries?

**Personal Information**

What do you hope your child gets out of Sea Snakes this season? (i.e. Improved conditioning? Achievement in the State Championships? Social/Fun? All answers are valid!)

Are you planning on signing up for Sea Snakes for all three sessions through March?

Is your swimmer playing another sport this fall or winter? Or do they have another after school activity?

Is there any additional information that you would like us to have about your swimmer?

**Thank you again, we're looking forward to a great season!**