



DEPARTMENT OF KINESIOLOGY

# Swimmer Registration Form

Mississippi State Adapted Swim Camp  
June 1-5, 2026

*Sanderson Recreation Center*

**Registration Cost: \$100.00**

**Scholarships are available for those in need**

## Requirements for Participation:

1. Have a diagnosed disability.
2. Without a tracheostomy.
3. Minimum of 3 years of age.
4. tube stoma (if present) older than 2 months.
5. A parent/guardian must remain on site during camp. No swimmer can be left alone at camp.

## Swimmer/Family Information:

Swimmer First Name: \_\_\_\_\_

Swimmer Last Name: \_\_\_\_\_

Swimmer Height (inches): \_\_\_\_\_ Swimmer Weight: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Swimmer Sex (M or F): \_\_\_\_\_ Swimmer Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Behavior:

Any behavior issues that prevent a camper from following instructions, or which hinder the learning environment for themselves or others will limit the benefits of the program. If such behavioral issues occur, parents/guardians may be asked to assist with calming/focusing their camper. Campers with persistent and severe behavioral issues may be asked to leave the program if their actions are potentially harmful to themselves or others.

## Disability Information:

Primary Diagnosis: \_\_\_\_\_ Secondary (if any): \_\_\_\_\_

*Please provide any further diagnostic details necessary for our staff and volunteers to work with your swimmer safely and effectively:*

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## Allergies and other Health Information:

Does your Swimmer have any allergies we need to be made aware of:

Yes.  No. If so, explain: \_\_\_\_\_

Does your Swimmer have any medical devices we need to be made aware of:

External devices such as hearing aids, g-tubes, etc.:

Yes.  No. If so, explain: \_\_\_\_\_

Assistive Devices such as wheelchairs, walkers, crutches:

Yes.  No. If so, explain: \_\_\_\_\_

Will your swimmer require a swim diaper?

Yes.  No. Swim diapers must be supplied by parent/caregivers. Make sure to have an adequate supply if needed.

Any further health concerns or special instructions, if needed.

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## Choose A Session:

Please indicate your session preference. Make sure to match your swimmer's age group to your choice. Every effort will be made to meet requests. Enrollment patterns may require placement in a different session.

<u>Session#</u>	<u>Times</u>	<u>Age Group</u>
<input type="checkbox"/> Session 1	11:15-Noon	ages 3-8 years.
<input type="checkbox"/> Session 2	12:15-1:15pm	ages 9-14 years.
<input type="checkbox"/> Session 3	1:30-2:30pm	ages 15-Adult.

*There will also be a parents' informational meeting on Sunday May 31st at 6pm in the Sanderson Recreation Center Conference Room. It should last 30-45 minutes. (Just parents, not swimmers should attend).*

Where did you hear about the camp from? (check box)

Word of Mouth  Radio  Television  Brochure/Flyer  Newspaper  Other

Explain: \_\_\_\_\_

## Swimmer Information:

(This information will be disclosed to your camper's volunteer, so that they are prepared to best help your swimmer learn.)

*This information helps camp staff & volunteers assigned to better understand the needs of each swimmer.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age (as of camp): \_\_\_\_\_ Diagnosis: \_\_\_\_\_

*Please mark the box that most appropriately describes your swimmer:*

In general, the swimmer...	Yes	Sometimes	No
Can communicate their needs/feelings verbally:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with physical queues/prompts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits from use of pictures to convey meaning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to wander/elope:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets upset by external stimuli or background noise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please answer each of the following questions to help us better understand your camper's needs, personality and behavior:*

1. What strategies do you use to promote positive behavior in your swimmer?

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2. What strategies do you use to discourage negative behavior in your swimmer?

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3. What are the best ways to encourage your swimmer? (if needed).

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4. What are a couple of favorite things, activities, or hobbies of the swimmer?

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5. Please describe their skill level and comfort in/with water. Current Skill level? \_\_\_\_\_

General comfort in and around water? \_\_\_\_\_

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6. Has your swimmer participated in any previous swimming camps or lessons? If so, please provide information about where they took place, the organization offering the camp or lessons, when your swimmer took them and how many classes your swimmer had.

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7. Has your swimmer had any past negative experiences in the water? If yes, please explain.

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8. Is your swimmer able to use ramp and or ladder access to the pool, or will they need assistance?

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9. Rate your swimmer's ability to be safe around aquatic environments? Low Med. High

Explain: \_\_\_\_\_

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10. Has your swimmer ever worn a lifejacket? Yes No

Explanation (if necessary): \_\_\_\_\_

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11. What are your aquatic goals for your swimmer? During the MSU Adapted Swim camp week?

Long term goals? \_\_\_\_\_

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12. Will your swimmer have a place to practice swimming following the MSU Adapted Swim camp? If so, where? (YMCA, Parks & Rec, family pool, neighborhood pool)

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### **Any Further Information:**

Use this space to let us know anything we missed in the questions above which could help us teach them basic swimming skills and water safety.

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# MISSISSIPPI STATE UNIVERSITY

## Waiver and Release for Minors under 18

*This is a release of legal rights; please read and understand before signing!*

I, \_\_\_\_\_ will be participating in Mississippi State Adapted Swim Camp (Activity) sponsored by the Department of Kinesiology of Mississippi State University (“MSU”) on/during June 1-5, 2026.

On behalf of myself/my child, I understand that there may be risks involved with this Activity, both anticipated and unanticipated and I am taking part in this Activity or allowing my child to do so. I am aware that the events involved in the Activity may include, but are not limited to, drowning, slip and fall and other pool related hazards. As a condition of my and/or my child’s participation in this Activity, I assume full responsibility for any risk of loss or damage to property or any personal injury, even death, which may be sustained by me and/or my child while participating voluntarily in this Activity, or while I and/or my child are on the premises where the Activity is conducted, or while I and/or my child are traveling to and from this Activity. All my questions about this Waiver and this Activity have been answered to my satisfaction and I freely and knowingly elect to participate in this Activity or allow my child to do so.

On behalf of my child and myself, I waive, release, and discharge MSU and its employees, assigns, agents, and affiliated entities, along with the Board of Trustees of State Institutions of Higher Learning for Mississippi (hereinafter “Releasees”). I agree and covenant that I will not sue any of the Releasees for any liability related to my participation in this Activity, whether caused by negligence, a breach of an express or implied contract, or otherwise. I further agree to indemnify and hold harmless the Releasees from any loss, liability, damages or costs, including but not limited to court costs and attorney’s fees, which may result from my and/or my child’s participation in this Activity and any injuries or loss which may occur.

I acknowledge that the Releasees, as public entities or employees, do not carry liability insurance for this Activity and that in order to allow this Activity and others like it, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees.

It is my express intent that this agreement shall bind the members of my and/or my child’s family and spouse (if any), if I am alive, and my heirs, assigns and personal representative if I am not alive, and this Agreement shall be deemed as a release, waiver, discharge, and covenant not to sue the above Releasees. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi.

**In signing this release, I acknowledge and represent that I have read and understood the foregoing Agreement, and that I sign it voluntarily of my own free will. No oral or written representations or statements of inducements, apart from the foregoing written Agreement, have been made. I execute this waiver and release for full, adequate, and complete consideration, fully intending to be bound by its terms.**

\_\_\_\_\_  
Signature of Participant and Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian & Date

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

# Photo/Video Media Release Form

I hereby grant Mississippi State University on behalf of its College of Education ("MSU") permission to use my likeness in any photographs, video or other digital or print productions ("Materials") in any and all of its publications and other media for use by MSU. I understand and agree that the Materials will become the property of MSU and will not be returned.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release MSU and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

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***If the person signing is under age 18, there must be consent by a parent or guardian, as follows:***

I certify that I am the parent or guardian of \_\_\_\_\_, named above, and give my consent for the purposes set forth in original release on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

## **Submission/Payment Instructions:**

***Payment of the camp fee is required to process the registration form. Please include check of \$100.00 payable to Mississippi State University.***

***Forms can be mailed to: Dr. Gregg Twietmeyer, Mississippi State University, Duff Center 2055, Mississippi State, MS, 39762.***

*You can also email the form to [g.twietmeyer@msstate.edu](mailto:g.twietmeyer@msstate.edu). Your payment will be required by the parents' meeting on May 31st, 2026.*

*(You can also drop registrations off in the MSU Kinesiology Dept. Office, Duff Center 2nd Floor).*