



**High Blue Wellness Center**  
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 Belton, MO 64012  
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## SPLASH Swimming with Special Needs

SPLASH Swimming with Special Needs provides a positive outlook and emphasis on the strengths and unique attributes of each swimmer. Our program focuses on water education, developing water safety and swimming skills. The program is customized for each child's emotional and developmental abilities, with the goal to help each child become physically active, build self-confidence and self esteem, learn the life-saving skill of swimming, and eventually to offer them another avenue for integration into a small group for high functioning special abilities children. Swimmers will be placed with an instructor based upon their age and ability.

Activity #	Day	Time	Dates	Early Bird*	Fee's
457011 – 01	Saturday	11:00-11:45am	6/9-7/14	\$45	\$50
457011 – 02	Saturday	11:00-11:45am	7/21-8/25	\$45	\$50

\*(Before Thurs. prior to session)

Participant's Name: \_\_\_\_\_ Activity # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Please describe any type of assistance your swimmer might need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ CellPhone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, the parent or guardian of the above listed participant, do hereby agree to release all liability and claims against the Belton Parks and Recreation Dept. and agree to hold harmless any liability against the Belton Parks and Recreation Dept., any sponsoring organization, facility, instructor and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program with respect to any time prior, during and after the activities, including participation in all related events. I understand that my child may be photographed for publicity purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_