



[www.teamkareem.org](http://www.teamkareem.org)

Team Kareem Memorial Foundation  
Scholarship Application  
(Must be completed by a parent or guardian)

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

This application is for: Group Lessons or Basic Survival. (Please circle one)

Have you previously applied for a scholarship? \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Are you requesting scholarship money for: (please check one box)

Yourself  Your Children  Your Family

How many people in the household: \_\_\_\_\_

Ages of children: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you have a student with a diagnosed disability? Yes  No

Do you receive any of the following State of Florida Benefits:

(please check all that apply)

Florida Medicaid  Florida Food Assistance Program  Free School Breakfast/Lunch

WIC  Section 8 Housing  Florida Summer Food Service  Florida Head Start

Florida Special Milk Program  Other: \_\_\_\_\_

Annual Income Level:

\$5,000 - \$25,000  \$25,100 - \$32,000  \$32,000 – \$40,000  Over \$40,100

By signing this application, you agree to provide Team Kareem Memorial Foundation 2 hours of volunteer service per scholarship award. The service hour fulfillments include: manning a table at a community event, fundraising, educational assisting and/or community outreach. Failure to comply with disqualify families from future scholarships. Scholarship recipients must attend ALL classes during the designated class session. Failure to attend will result in dismissal and no future assistance.

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

Please Print

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

## Swimming Programs

We offer two separate swim programs: Group Lessons or Private Basic Survival Classes

**Group Lessons:** All group lessons will be based on a 1 instructor with a maximum of 4 students per class. Each class will consist of 8 thirty minute lessons. Infant/toddler lessons will require a parent or guardian in water each class.

### **Basic Skills Class:**

This program is designed to teach every student the following skills:

- 1) How to hold their breath when submerged.
  - 2) How to turn around and reach the wall or steps.
  - 3) How to kick for propulsion.
  - 4) How to respond in water should they fall in, be pushed in or slip off the steps.
  - 5) Students are also taught to not touch, grab, pull or assist anyone while swimming.
- Students are required to complete these skills.

Note: The infant/toddler age group require a parent or guardian in with the student for each lesson.

### **Manatee Class:**

This program is designed to build upon previously learned swimming skills and to teach every student:

- 1) How to coordinate arm and leg movements for propulsion.
- 2) Acclimation to being on their back to float.
- 3) How to swim in deeper water.
- 4) Water can be enjoyable.

### **Otter Class:**

This program is designed to build upon the prior two classes and teach every student:

- 1) How to float on their back.
- 2) How to get into and out of a back float.
- 3) How tread water.
- 4) How to swim in deep water.

**Private Lessons:** Each class will be one on one for a maximum of 15 minutes.

**Basic Survival Program:** This program teaches each student how to hold their breath, propel face down then rotate to the back to float to rest and breath. Students that are older than 18 months are taught to rotate back to a face down position and continue the sequence. Once all skills are acquired, students will be required to also attend lessons fully clothed. This program requires a four day per week commitment, Monday through Thursday for 4 to 6 weeks in duration.

## 2017 Student Registration Form for Scholarship Swimming Lessons

**Lesson Fees, Registration and Refund Policy:** Each child shall receive eight lessons for the cost of \$\_\_\_\_\_. No refunds or make up lessons are given for missed classes. If lessons are cancelled due to weather, Team Kareem Memorial Foundation will provide an indoor Water Safety Session for each the class. Lesson location: Will be provided

**Liability Release:** I understand that this facility assumes no responsibility for injuries or illness, which I may sustain as a result of my physical condition, or from my participation in any aquatic activity. I expressly acknowledge, on behalf of myself and my heirs that I will assume the risk of any and all injuries and illness as a result from participation. I hereby release Team Kareem Memorial Foundation from any responsibility for personal property, lost or stolen while program participants are on the premises.

**Photo/Video Release:** I give consent for myself and/or my child to be photographed by Team Kareem Memorial Foundation or an associated representative while participating in the above stated programs. They may be used in for advertising or promotional pieces for further publication.

Please initial: Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

**Sharing of Photos and/or Video:** Team Kareem Memorial Foundation. prohibits the post of lesson pictures and/or videos on YouTube and other public forums, without prior written consent. You are free to post your own videos taken outside of lessons. You may share lesson pictures or with your friends and family as long as it is not via public forum.

**Parental Responsibility:** Each parent is responsible to inform Team Kareem Memorial Foundation of any change in health status prior to or during and/or any injury during the course of lessons. Team Kareem Memorial Foundation can refuse the right for any student to participate in a lesson due to health concerns.

**Medical Requirements:** Some medical conditions may require a physician or therapist note for participation in the programs. Please contact the instructor.

**Form of Contact:** Please select the best form of contact should the instructor need to contact you:

Phone: \_\_\_\_\_ Email : \_\_\_\_\_ Text : \_\_\_\_\_

**I have read and agree with the release information above and wish to enroll in a program for myself or my child**

\_\_\_\_\_  
Parent or Guardian Name Date

Please note: All registration information is confidential. Names and address are used solely by Team Kareem Memorial Foundation as a data base for future contact with the parent or participant. This personal information will not be sold, shared or broadcasted.

**Team Kareem Memorial Foundation Registration Form**

**Student Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_

**Students Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone: home** \_\_\_\_\_ **cell** \_\_\_\_\_ **other** \_\_\_\_\_

**Name of person(s) other than parent that may bring student to lessons:**

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Does this student have any prior swim lesson history?** \_\_\_\_ **Yes** \_\_\_\_ **No**

Is this child afraid of the water? \_\_\_\_ **Yes** \_\_\_\_ **No**

If yes, can this child: hold their breath Y/N swim unassisted Y/N float Y/N other: \_\_\_\_\_

**What is the intended goal for this student: (please circle one)**

Beginner Lessons      Advanced Beginner Lessons      Stroke Work

**Has this student had any of the following: (please circle yes or no)**

Seizure:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Head Injury:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Broken Bone:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Heart Condition:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Specific Diagnosis:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Allergies:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Asthma:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Hospitalized:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Ear Tubes:      Yes      No      If yes, when: \_\_\_\_\_ status: \_\_\_\_\_

Other Surgery:      Yes      No      If yes, when: \_\_\_\_\_ diagnosis: \_\_\_\_\_

Please provide reason for surgery: \_\_\_\_\_

Is follow up required? Yes      No

Daily Medication: Yes      No      If yes, please list medication, dose and reason:

Any of the above conditions may require a physician's or therapist's note to begin lessons. Please contact the instructor with any questions prior to the first day of lessons. Individual Instructor may not be qualified to teach persons with certain health or medical conditions.

\_\_\_\_\_  
Parent or Guradian Name Printed

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Office Use:**

Review Date: \_\_\_\_\_ Approved for: \$ \_\_\_\_\_ Total Scholarships: \_\_\_\_\_

If declined please state reason: \_\_\_\_\_

Lesson Dates: \_\_\_\_\_ Lesson Time: \_\_\_\_\_

fee paid: cash check# \_\_\_\_\_ accepted by: \_\_\_\_\_

Total classes attended: \_\_\_\_\_ Lesson Location: \_\_\_\_\_

