



LABBB Swimming Policy

The developmental swim program in LABBB uses water education to develop water safety and swimming skills, and also focuses on developing self-confidence and self-esteem. The program is customized for each child's emotional, physical and developmental abilities, with the goal to help each child become physically active and learn the life-saving skill of swimming, and eventually to offer them another avenue for integration into a small group or least restrictive environment with special needs children.

We believe that there are a myriad of benefits for students participating in swimming. Many students do not have the opportunity to swim with their family in their own community without support. Our adapted physical education program in LABBB offers swimming instruction to give students the assistance needed to experience this activity regardless of their disability. Furthermore, many students require specialized swimming safety gear, and adaptive equipment such as vest, lifts, ramps and other essential equipment that is not accessible for all students in their community.

Goals for swimming can vary for each student. For some students the goal will be simply to get acclimated to the water, become desensitized to water temperatures, and body movement in the water. These specific classes are not for learning how to swim. These are classes where students experience getting in the water and developing pre-swimming skills such as putting their face in the water, holding their breath, floating with support, and doing physical exercise in the pool.

Students with more intensive physical needs or multiple handicaps will receive support related services in the pool, such as occupational and physical therapy. This environment can be very conducive for total body movement and relaxation to maximize their therapies.

More advanced student swimmers can receive swimming lessons where they learn a variety of swimming strokes and swimming from the shallow to deep end of the pool with assistance from an experienced LABBB swimming instructor.

Swimming instruction is offered at Hayden Recreational Center in Lexington, Town of Lexington outside pool, Belmont High School Swimming Pool, and the Fernald pool in Waltham.

Swimming Procedures

1. A student must have a permission slip signed by a parent or guardian to participate in a swimming class and be transported in a LABBB van to the pool. Only the LABBB permission form with a parent signature will be accepted. If any student does not have a permission slip they cannot swim or be transported by a LABBB vehicle.
2. If any student has health or medical concerns this information will be communicated to the pool life guard on duty with parental permission.
3. Any students with a seizure history will be required to wear a life vest and have 1:1 staff support.
4. The life guards on duty will be informed of all non-swimmers.
5. A teacher will be present at all times during swimming.
6. All classes will be swimming as a group, not independently as a class; therefore, every staff person should be aware of non-swimmers and student medical concerns.
7. If a staff person leaves the pool area they will inform the life guard and supervising staff.
8. Depending on the number of swimmers, the necessary protocol for safety will be reviewed with the life guard. If there is a shortage of staff for the swimming class then all swimmers may need to rotate in the water.
9. Female students are required to wear a one piece nylon/lycra swim suit and male students must wear a boxer type swim suit. All students must bring a towel, and toiletries are strongly encouraged to enable students to shower after swimming.
10. All non-Swimmers will be assigned to a staff person by the Teacher
11. Students will not be loaned a swim suit if they do not come into school with one.
12. All life guards on duty will be wearing either a red shirt or a red swim suit to identify themselves.

Please Return to: LABBB Collaborative, LHS c/o Paula Rizzo, Recreation and Integration Coordinator, 251 Waltham Street, Lexington, MA 02421

Student name: _____

I give my son/daughter permission to:

	YES	NO
Transported in a LABBB Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Use of diving boards	<input type="checkbox"/>	<input type="checkbox"/>
Use of water slides	<input type="checkbox"/>	<input type="checkbox"/>

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in the voluntary field trip and do forever release, acquit, discharge, and covenant to hold harmless the LABBB Collaborative and its successors, departments, officers, employees, servants, and agents of, and from any and all actions, causes of action claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all know and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the LABBB field trip. Furthermore we/I hereby agree to protect the LABBB Collaborative and its successors, departments, officers, employees, servants, and agents, against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the LABBB Collaborative's voluntary field trip and to indemnify, reimburse or make good to the LABBB Collaborative or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the Collaborative or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said field trip.

I/We hereby authorize LABBB's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the field trip at my expense. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby release and discharge LABBB from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

I acknowledge that I am authorized and empowered to sign this agreement, that I have read and understand the LABBB Swimming Policy and Procedures and been completely advised of the potential danger incidental to engaging in swimming activities and am fully aware of the legal consequences of signing this form.

Signature of Parent or Guardian Date Relationship

Signature of Parent or Guardian Date Relationship

Name Emergency Phone Number

Alternate Emergency Contact Name Phone Number