

New Jersey Swimming

Disability/Para-Swimming Outreach Clinic

Ocean County YMCA

Toms River, New Jersey

October 6, 2013 11am-3pm

Paralympic Swimmers

Guest Speakers

Informational Session

Pool Session

Food and Fun for All Ages

Registration forms follow, or contact Robert Griswold at: [r11rgriswold@aol.com](mailto:r11rgriswold@aol.com)



**New Jersey Swimming**

**Disability/Para-Swimming Outreach Clinic**

**Sunday, October 6, 2013 – 11am-3:00 pm**

**Ocean County YMCA**

**1088 West Whitty Road**

**Toms River, NJ 08757**

**Participant’s Name:**

**If under age 18, Accompanying Parent’s Name(s):**

**Home Address:**

**E-mail address:**

**Do you participate in sports? (Yes/No):**

**If yes, what sport? :**

**Please Check One:**

**🞎A. Legally Blind or Visually Impaired.**

**🞎B. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment.**

**🞎C. Cognitive Impairment / Intellectual Disability.**

**🞎D. Other. Describe:**

**Prior Swimming Experience:**

**🞎A. Informal 🞎B. Formal Lessons 🞎C. Competitive**

**Any special needs/accommodations?**

**Media release must accompany Registration. Mail or e-mail by 9/20/2013 to:**

**Robert Griswold**

**408 Vassar Drive**

**Freehold, NJ 07728**

**r11rgriswold@aol.com**

**Media Release**

**Various media outlets, including local newspapers and local television stations, may take photos or videos of swimmers, coaches, Officials or audience members (collectively, “Subjects” below) during the Disability, Para-Swimming Outreach Clinic to be held at Ocean County YMCA on October 6, 2013.**

**In consideration for participation in this event, permission is requested to be able to use these photos or video images for related purposes, such as publications, submissions to newspapers, swimming websites, or other related print or electronic media.**

**Please indicate below if you consent to this use of these photos or video images.**

**🞎 I consent to the use of my own or my child’s photo or video image.**

**🞎 I do not consent to the use of my own or my child’s photo or video image**

**Subject’s Name:**

**Parent/Guardian Name:**

**Signature of Parent/Guardian or Adult Subject\*:**

**Date:**

**\*If an adult, I certify that I am at least eighteen (18) years of age.**

**Signature:**