



Request for Modified Practices

Due to Long Term Injury, Illness, or Disability

Coeur d'Alene Area Swim Team (CAST)

Form required if practice modification extends past two weeks from onset of original request.

To Be Completed by Parent or Legal Guardian

Swimmers Full Name _____
Current CAST Squad _____
Date of First Request for Modified Practice _____

To Be Completed by Physician (or Physical Therapist if Condition is Musculoskeletal)

Limitations Due to Long Term Injury, Illness, or Disability

The above name swimmer is allowed to return to practice with modified sets. Allowed Not Allowed

Check All Boxes As They Apply (Restricted from or Allowed to Swim)

Allowed Restricted

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Breaststroke |
| <input type="checkbox"/> | <input type="checkbox"/> | Freestyle |
| <input type="checkbox"/> | <input type="checkbox"/> | Butterfly |
| <input type="checkbox"/> | <input type="checkbox"/> | Backstroke |
| <input type="checkbox"/> | <input type="checkbox"/> | T Turns |
| <input type="checkbox"/> | <input type="checkbox"/> | Flip Turns |
| <input type="checkbox"/> | <input type="checkbox"/> | Kick Sets |
| <input type="checkbox"/> | <input type="checkbox"/> | Sculling Drills |
| <input type="checkbox"/> | <input type="checkbox"/> | Twice a Day Practices (Morning and Afternoon) |

Specific Limitations (examples: avoid all drills or sets that use the right shoulder or no kicking during practice):

Specific Accommodations (examples: frequent bathroom breaks, breaks to check pulse or blood sugar levels):

Length of Time Modified Practice Will be Required _____

Physician's Printed Name _____

Physician's Signature _____ Date _____

By signing below, the parent or legal guardian acknowledges the following:

Modified Practice is defined as follows: a limited or altered version of the practice the swimmer's assigned squad is scheduled to do on any given day. It does not include specialized practices or a personalized practice set designed for that swimmer with their specific limitations in mind. Due to limited coaching staff, we are unable to provide individual sets for swimmers with modifications.

CAST Coaches and/or the CAST Board of Directors reserve the right to deny a request for modified practice due to limited lane space, limited coaching staff, and disruption to other swimmers. An approval for modified practice may result in the swimmer being temporarily moved to a lower squad to allow for less disruption or to allow for easier practice sets during or after recovery. All restrictions listed by the physician apply to practice and any swim meets the swimmer may participate in during the time that modified practice is requested (example: if the swimmer is restricted from practicing butterfly, they will not be signed up for events that required the swimmer to compete in that stroke).

By registering my child(ren) with the **Coeur d'Alene Area Swim Team**, I agree to participate (or allow my child(ren) and family members to participate) in the **Coeur d'Alene Area Swim Team**, and hereby release **Coeur d'Alene Area Swim Team**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Coeur d'Alene Area Swim Team** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, illness due to communicable diseases, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Coeur d'Alene Area Swim Team** program.

Signature of Parent or Legal Guardian _____

Printed Name _____

Date _____

Completed form to be returned to the Head Coach within two weeks of original request for modified practice. Failure to return this form after two weeks may result in swimmer being denied practice time until this form is returned.

This completed form will be held by the Coeur d'Alene Area Swim Team in a confidential file to be maintained by the Treasurer or Secretary of the CAST Board of Directors.

Revised 8/2021