**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

 [ ]  [ ]  Breaststroke

 [ ]  [ ]  Freestyle

 [ ]  [ ]  Butterfly

 [ ]  [ ]  Backstroke

 [ ]  [ ]  T Turns

 [ ]  [ ]  Flip Turns

 [ ]  [ ]  Kick Sets

 [ ]  [ ]  Sculling Drills

 [ ]  [ ]  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Modified Practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: Modified practice is defined as a limited version of the practice the swimmers assigned to that squad are scheduled to do on any given day. It does not include specialized practices or 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 limitations. To avoid confusion for other swimmers, specialized practice sets will not be provided for modified practice requests.

CAST Coaches and/or the CAST Board of Directors reserve the right to deny a request for modified practice due to limited lane space and limited coaching staff. An approval for modified practice may result in the swimmer being temporarily moved to a lower squad to allow for less disruption due to modified practices 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). All requests for modified practices in excess of eight weeks require board approval.

***Release of Liability Statement to be inserted here***

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 Board of Directors.*