



Parent / Guardian Acknowledgment of Disability Inclusion & Accommodation Policy

I, the undersigned parent or legal guardian, acknowledge that I have read and understand the **Disability Inclusion & Accommodation Policy** of BLAST Competitive Swim Team.

I understand and agree that:

- BLAST is a competitive swim program, not a medical, therapeutic, or special education provider.
- Coaches and staff are not trained or licensed to provide medical care, therapy, crisis intervention, or one-to-one supervision related to disabilities.
- Any request for accommodations or modifications must be *initiated by me, the parent* and submitted to team administration.
- Decisions regarding accommodations are made collaboratively by team administration and the swimmer's coach, based on safety, program structure, and coach capacity.
- Not all requested accommodations may be approved, and approved accommodations may be modified or discontinued if circumstances change.
- Participation on the team does not replace medical care, therapeutic services, or specialized supervision.

I agree to:

- Provide accurate and timely information regarding my swimmer's needs
- Communicate changes in my swimmer's medical, physical, or behavioral status
- Work collaboratively and respectfully with team administration and coaching staff
- Abide by decisions made in the interest of the swimmer and team safety
- This form will be reviewed yearly and will be the responsibility of the parent, not the Coach or team administration to do so.

By signing below, I acknowledge my understanding of this policy and my responsibility to partner with BLAST in supporting my swimmer's participation.

Swimmer Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____