

# SPECIAL NEEDS AQUATICS



**Description:** This program offered at the Munster High School Aquatic Center/Jon Jepsen Pool (I Entrance) began in the summer of 2015 (4<sup>th</sup> Year). There will be a focus on improving the five components of physical fitness often using the non-weight bearing environment the water provides. We will incorporate various pool/swimming equipment into the activities. Those five components are: cardiovascular endurance, flexibility/range of motion, muscular strength, muscular endurance, and body composition. We believe this program is advantageous for those individuals with physical, mental, and emotional needs.

**Program Lesson Breakdown:** 1<sup>st</sup> 15 Minutes = Water Aerobics/Swimnastics Focus, 2<sup>nd</sup> 15 minutes = individual/small group needs, 3<sup>rd</sup> 15 minutes = Fitness Swimmer Activities, 4<sup>th</sup> 15 minutes = open/lap swim, organized games, free time, etc. (we will also include basic swim lesson techniques into our program)

**Requirements:** We will attempt to use the shallow four foot area of the pool as often as possible however participants should be able to swim comfortably in water that is deeper than they are tall. A parent/guardian is required to attend/observe or help in the water at all sessions. However, if their swimmer does not meet the swim requirement, then it is encouraged for them to be in the water. We are working on getting special needs student-assistants from the school year and possibly swim team members to assist in the water as well. Everybody should bring their own swim suits, towels, goggles, and swim diaper for incontinent children. **Each participant must be 5 years old by June 1<sup>st</sup>.**

**Instructors:** Mat Pavlovich (Swim Program Coordinator, MHS Swimming Coach), Sandi Kurowski (Physical Therapist), Anna Nasinska (MHS Girls Assistant), and student assistants (**lifeguard supervision**)

**Time and Cost:** 11:00-Noon, \$40 per two weeks = 4 sessions or about \$10 a session (checks payable to Munster High School)

**Weeks:** Week of June 4<sup>th</sup>/Week of June 11<sup>th</sup>, Week of June 18<sup>th</sup>/Week of June 25<sup>th</sup>, Week of July 9<sup>th</sup>/Week of July 16<sup>th</sup>

**Days:** Mondays and Wednesdays (High School and Middle School Ages/10 participants)  
Tuesdays and Thursdays (Elementary and Middle School Ages/10 participants)

**\*We will have our chair/lift available to help individuals both into and out of the water if needed.**

**More Information:**

Mathew Pavlovich

Teacher,

Girls and Boys Swimming Coach,

Swim Program Coordinator, MHS

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219-836-3200 ext. 3504 (Fax = 219-836-3224)

[mmpavlovich@munster.us](mailto:mmpavlovich@munster.us)

*Jeffrey A. Hendrix*

# Special Needs Aquatics, Sign Up Form Summer 2018

**Please complete the following information accurately.**

Parents' Names: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Ph # : \_\_\_\_\_ Cell # : \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Ph # : \_\_\_\_\_

Please Indicate Group:  
  
Mondays and  
Wednesdays  
 High School and Middle  
 School Ages  
  
 or  
  
Tuesdays and Thursdays  
 Elementary and Middle  
 School Ages  
  
**Current 5<sup>th</sup> Graders**  
**Should Stay In**

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Full Name and Age:
<b>Please CIRCLE Week Preferences (We Encourage You To Attend All Weeks)</b>
We want to keep every day at no more than 10 kids. If interest is higher than that, we may need to toggle participants between weeks.
Week of: June 4 <sup>th</sup> /June 11th
Week of: June 18th/June 25th
Week of: July 9 <sup>th</sup> /July 16th

**Please Describe Special Health Conditions/Restrictions**

**Please Describe Individual/Small Group Need (Example = Lower Body Flexibility/Range of Motion):**

**Please Describe Swimming Ability/Skills**

**Payment Information:** Please email the form to Mat Pavlovich at [mmpavlovich@munster.us](mailto:mmpavlovich@munster.us)  
 Cash or checks can be brought with you on the first day of participation. You can pay for all weeks at one time, or for every two weeks.

\$40/2 Weeks/4 Days or Sessions

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check (check # : \_\_\_\_\_)