



CURAÇÃO DOLPHIN THERAPY & RESEARCH CENTER N.V.

("CDTC")

At the Curaçao Sea Aquarium Park

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Curaçao

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APPLICATION FORM

SPECIAL SWIM / SPECIAL ENCOUNTER AT CDTC

You/the participant would like to participate in a special swim/special encounter. In order for you to have a great experience with our dolphins, we would like to ask you to fill out this application form. Then we can decide which program is most suitable for you. A special swim/special encounter can only be offered when CDTC has availability.

Please fill out the form as completely as possible.

PERSONAL INFORMATION

First name:

Last name:

Address:

Zip code:

City:

Country:

Phone:

E-mail:

Date of birth:

Age:

Height (cm):

Weight (kg):

MEDICAL INFORMATION

Diagnosis

What kind of disability/limitation do you/the participant have?

Do you/the participant take any medication (e.g. marcumar/blood thinner)?

Name of treating physician:

Phone:

Please fill out what is applicable...

Epilepsy	Yes	No	Afraid of water	Yes	No
Osteoporosis	Yes	No	Afraid of animals	Yes	No
Tracheotomy	Yes	No			
Are you/the participant aware of his/her surrounding?				Yes	No
Important information					

OTHER PHYSICAL INFORMATION

Do you/the participant use any other supporting aid (e.g. hearing device/CI, braces, prosthesis)?

Are you/the participant able to walk?	Yes	No
Are you/the participant able to walk stairs?	Yes	No
Do you/the participant use crutches/a walking frame?	Yes	No
Do you/the participant use a wheelchair?	Yes	No
If yes, can you/the participant sit on the ground?	Independently	
	With support	
	With full support	

Is there someone who can help you/the participant with transfers during the swim? Yes No

Can you/the participant

Swim	Yes	No	
If yes	Good	If no	With support
	Moderate		With full support
	Poor		
Descend stairs	Good	Moderate	Poor
Hear	Good	Moderate	Poor
See	Good	Moderate	Poor
Walk	Good	Moderate	Poor
Head control	Good	Moderate	Poor
Stretch arms	Good	Moderate	Poor
Stretch legs	Good	Moderate	Poor
Grabbing objects	Good	Moderate	Poor
Additional comments			

ADDITIONAL INFORMATION

Name of accommodation on Curaçao:

Start- en end date of your stay in Curaçao in which we can plan the swim:

Start date:

End date:

Are you interested in a photo package? It costs 50 USD. Yes No

Note: we can't guarantee this option, because it depends on our capacity on the day of the swim.

Signed truthfully by:

Name:

Date:

Signature: