

Child's Name _____ Age _____ Class _____

Parent's Name _____ Phone _____

E-mail _____

Does your child have any medical conditions/injuries we need to be aware of? **Y N**
If yes, please elaborate (use back if needed): _____

Please check off any skills your child has mastered, leave blank if you are not sure:

Enter/Exit Water Safely		Submerge Mouth, Nose & Eyes Underwater	
Comfortable with Underwater Activities		Kicking with a Kick-Board	
Front and Back Glides		Floating on Front and Back	
Flutter Kicking		Dolphin Kicking	
Finning and Kicking		Dog Paddle 1 length of Pool	
Whip Kick Used in Breaststroke & Elementary Backstroke		Surface Dives	
Survival Float		Sidestroke	
Butterfly Stroke		Breaststroke	
Back Crawl		Treading Water	
Beginner's Crawl		Front Crawl	
Elementary Back		This is my child's 1 st Swim Lesson	

Tell us about your child's previous swimming experience or lessons: _____

Is there something you would like your child to learn/improve during swim lessons?

Please tell us about any concerns or questions you may have before your child starts lessons: _____

Please tell us your goals for your child's swimming lessons: _____

Your child's progression in the water is very important to us, and we strive to do all we can to help you and your child achieve their swimming goals! If you have any other questions or concerns regarding your child's swim lessons, please make a note on the back of this form.