

Child's _____ Age _____ Level _____ Parent's _____
Email _____ Phone number _____

Does your child have any medical conditions / injuries we need to be aware of? Yes _____ No _____

If yes...please elaborate (use back of page, if necessary): _____

Please check the following skills you feel your child is competent, and leave blank if not sure:

- _____ Getting In and Out of the Water Safely
- _____ Submerging Mouth, Nose, and 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 first swimming 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 question 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 comments regarding your child's swimming lessons, please feel free to e-mail us at: