

Swim Participation Form

Child's Name	Age	Grade	Birthdate	
Address	City/State	City/State/ZIP		
Parent/Guardian Name	Parent Bir	thdate	Email Address	
Parent's Cell Phone Number	Childre Cl	athing Circ	Childle Conden	
Parent's Cell Phone Number	Child's Ci	othing Size	Child's Gender	
Name of School				
Parent/Guardian's Signature			Date	
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I have been swimming in a pool before	Y / N	DURING THE SCHOOL YEAR, HOW OFTEN DO YOU SWIM?
Somebody I live with knows how to swim	Y / N	1 or more times every week
I own my own swim suit:	Y / N	1 or more times every month
I have taken swimming lessons:	Y / N	1-4 times per year
I know other people that like to swim:	Y / N	Never
I would like to improve my skills/get bette	at	DURING THE SUMMER, HOW OFTEN DO YOU SWIM?
swimming:	Y / N	1 or more times every week
I feel safe in the water/pool:	Y / N	1 or more times every month
I can easily go in deep water without touch	ing the	1-4 times per year
bottom:	Y/N	Never