

**Ukraine Community Swimming Program Details Form**

Please fill in all of the information below to help us place your child in the correct level in our Primary School Aquatic Program.

**Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** |  | **More information** |
| My child has never swum or had swimming lessons |  |  |  |
| My child is comfortable putting their face in the water |  |  |  |
| My child can do torpedos and is comfortable on their back in shallow water |  |  |  |
| My child is comfortable in deep water where they cannot touch the bottom |  |  |  |
| My child can swim basic freestyle for 10m |  |  |  |
| My child can swim basic backstroke for 10m |  |  |  |
| My child can swim backstroke and freestyle comfortably for 25m |  |  |  |
| My child is an advanced swimmer and comfortable at distances of 50m or more without stopping |  |  |  |
| My child currently does swimming lessons |  | Swim school:  Level: |  |

**Medical Information pertaining to swimming:**

Information contained in the following section will not preclude your child from swimming lessons, unless further medical advice warrants exclusion.

|  |  |  |
| --- | --- | --- |
| **Medical Condition** | **Yes/No** | **Special instructions** |
| Epilepsy |  |  |
| Periodic loss of consciousness |  |  |
| Heart condition |  |  |
| Ear disorder |  |  |
| Asthma |  |  |
| Allergies |  |  |
| Other relevant information: |  |  |

I am the Parent/Guardian and give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the Primary School Swimming and Aquatics Program

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_