

**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 \_\_\_\_\_\_\_\_\_\_