



92 Pine Post Road, P.O. Box 1042
 Roches Point, Ontario
 L0E 1P0
 (416) 410-9460 off-season
 (905) 476-2121 during camp

CAMPER SWIM ASSESSMENT FORM

TO BE COMPLETED BY PARENTS/GUARDIANS AND RETURNED PRIOR TO, OR ON THE CHILD'S FIRST DAY OF CAMP. *Thank you for your co-operation.*

PERSONAL INFORMATION (please print clearly)

Camper's Last Name: _____ First Name: _____

Week(s) enrolled (please refer to Parent Handbook, page 1):

1 2 3 4 5 6 7 8

SWIM LEVEL HISTORY

Child's most recently obtained swim level (e.g. AquaQuest/Patrol Program/Other?)

Where was this level completed? _____

Date completed? _____

PLEASE REMEMBER: If your child is participating in a swim program or will be participating in swimming lessons prior to attending camp, please advise the office if there are changes to this information on or before your child's first day of camp.

To help ensure your child's swim progress is current, please attach a copy of your child's most recent swim progress report.

IF YOU ARE UNSURE ABOUT YOUR CHILD'S SWIM LEVEL, PLEASE COMPLETE THE FOLLOWING ASSESSMENT

	Not Capable	Somewhat Capable	Most Capable
Comfortable entering and exiting the water alone			
Submerges entire face in the water without assistance			
Can perform a front float without assistance			
Can swim on front without assistance			
Can perform a back float without assistance			
Can swim on back without assistance			
Swims in deep water without assistance			
Performs whip kick			
Performs elementary back stroke			
Performs breaststroke			
Endurance abilities	10 metres	25 metres	50+ metres

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Has your child had any bad swim/water related experiences? **YES / NO**.
If yes, please give details.

2. Does your child have any medical conditions or behavior, emotional or learning needs which the swim staff should be aware of? **YES / NO**. If yes, please explain.

3. Please circle which, if any, of the following apply to your child:

FEAR OF WATER

MUST WEAR EAR PLUGS

**STRONGLY DISLIKES SWIM
LESSONS**

Please provide details for any conditions circled above.

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