



Winter: Tel: 416.410.9460

Summer: Tel: 905.476.2121

email: [info@campkatonim.com](mailto:info@campkatonim.com)

92 Pine Post Road, Roches Point, ON L0E 1P0

[www.campkatonim.com](http://www.campkatonim.com)

## CAMPER SWIM FORM

**TO BE COMPLETED BY PARENTS/GUARDIANS  
PRIOR TO YOUR CHILD'S FIRST DAY OF CAMP and MAILED TO**

**Before June 25**  
50 Fraserwood Rd.  
Thornhill, ON  
L4J 9C8

**After June 25**  
92 Pine Post Road  
P.O. Box 1042  
Roches Point, ON  
L03 1P0

### PERSONAL INFORMATION

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Week(s) Enrolled: 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 as 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 you 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submerges entire face in the water without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can perform a front float without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can swim on front without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can perform a back float without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can swim on back without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swims in deep water without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs whip kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs elementary back stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs breaststroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endurance abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PLEASE ANSWER THE FOLLOWING QUESTIONS

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

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2. Does your child have any medical conditions or behaviour, emotional or learning needs which the swim staff should be aware of?  Yes  No  
If yes, please give details.

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

Fear of Water

Must wear ear plugs

Strongly dislikes swim lessons

Please expand:

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All of the information provided on this form is true and complete and may be relied upon by Camp Katonim

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date