

Please complete the following form so that we can place your child in an appropriate level based on their skill and confidence in the water. **This is a guide only and all children will be assessed on Day 1 of the program.**

Details of Child					
<b>Child's Name</b> <small>Please complete as you would prefer it to appear on your child's certificate</small>	<b>First Name</b>	<b>Surname</b>			
<b>School:</b>		<b>Class:</b>			
<b>Name of Parent:</b>		<b>Contact no:</b>			
<b>Email address:</b>					
<b>Medical Conditions:</b> <small>Eg: Autism, asthma, etc.</small>					
<b>Signature:</b>					
Skill	Yes	No	Comments		
Is your child confident moving around in shallow water?					1
Is your child comfortable putting their face in the water and blowing bubbles?					
Can your child float and push off the wall on their back?					2
Can your child retrieve an object off the pool floor?					
Can your child kick on their front and back with a kickboard?					3
Can your child complete freestyle arms with a kickboard?					
Can your child do freestyle side breathing with a kickboard?					4
Is your child comfortable jumping in and diving in deep water?					
Can your child swim competent freestyle? (for 10m or more)					5
Can your child swim competent backstroke? (for 10m or more)					
Can your child swim competent breaststroke? (for 10m or more)					6
Can your child swim competent butterfly? (for 10m or more)					7
Can your child swim competent sidestroke and survival backstroke?					8
How far can your child swim in metres? (please circle appropriate box)	<10m	0-25m	25-50m	50m+	
If they currently have lessons or swim in a squad, where do they attend (name of swim school)?: What level are they in?: <b>Other comments:</b>					
<input type="checkbox"/> Tick here if you <u>would like to be</u> contacted about receiving one lesson free when signing up to a PARC Swim membership.					