

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					
Child's Name <small>Please complete as you would prefer it to appear on your child's certificate</small>	First Name	Surname			
School:		Class:			
Name of Parent:		Contact no:			
Email address:					
Medical Conditions: <small>Eg: Autism, asthma, etc.</small>					
Signature:					
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 on their back with assistance?					2
Can your child kick on their front (face in) and back with a kickboard?					
Can your child complete freestyle arms with a kickboard?					3
Can your child independently kick on their back with arms by their side?					
Can your child do freestyle with 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)	Less than 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?:					
Other comments:					