



Georgetown Swims Information Sheet



Child Name: _____ Parent Name: _____

Grade/Age of child: ____/____ M / F

Best way to contact? _____ Email: _____

Cell Phone: _____ Home Phone: _____

Emergency contact: _____ Phone #: _____

Does your child have a bathing suit? Y / N

If not what size does he/she wear? _____ S M L

Does your child have a beach towel? Y / N

Does your child have goggles? Y / N

Do you consider your child a swimmer? Y / N

Has your child ever taken swim lessons? Y / N If so, what type? _____

Has your child ever had a negative experience in or around water? Y / N

Please check all of the following that your child can complete:

- | | |
|---|--|
| <input type="checkbox"/> Enter Water Safely | <input type="checkbox"/> Front Float |
| <input type="checkbox"/> Exit Water Safely | <input type="checkbox"/> Back Float |
| <input type="checkbox"/> Blow bubbles with mouth and nose | <input type="checkbox"/> Roll from back to front |
| <input type="checkbox"/> Bob in the water | <input type="checkbox"/> Roll from front to back |
| <input type="checkbox"/> Retrieve a submerged object | <input type="checkbox"/> Swim front crawl |
| <input type="checkbox"/> Front Glide | <input type="checkbox"/> Swim back crawl |
| <input type="checkbox"/> Back Glide | <input type="checkbox"/> Swim breast stroke |
| <input type="checkbox"/> Tread water using arms and legs | <input type="checkbox"/> Swim elementary back stroke |

Comments:

Conditions that the staff needs to be aware of:
