

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

Details of Child				
Child's Name: (capital letters)		Preferred first name:		
School:		Class:		
Name of Parent:		Contact no:		
Email address:	(Please print clearly in capital letters)			
Medical Conditions:	Eg: Autism, asthma etc.			
Signature:				
Please contact me with offers from PARC <input type="checkbox"/>		Please do not contact me with offers from PARC <input type="checkbox"/>		
Skill	Yes	No	Comments	
Is your child currently enrolled in swimming lessons or squad training? If so where and what level are they in? Please indicate below.				
Is your child confident moving around in shallow water?				
Can your child push off on their back independently?				
Can your child retrieve an object off the pool floor?				
Is your child comfortable in deep water?				
Can your child complete freestyle arms with a kickboard?				
Can your child kick on their back with a kickboard?				
Can your child do freestyle side breathing with a kickboard?				
Can your child swim competent freestyle?				
Can your child swim competent backstroke?				
Can your child swim competent breaststroke?				
Can your child swim competent butterfly?				
Can your child swim competent survival strokes?				
How far can your child swim in metres? (please circle appropriate box)	<10m	0-25m	25-50m	50m+
If they currently have lessons, where do they attend (name of Swim School)?: What level are they in?:				
Other comments:				