Swimming Ability Form

Name: ___________________________  Age: ______

Please check the appropriate space and provide comments if necessary.

Comfort level around the water:

☐ Very comfortable
☐ Comfortable
☐ Uncomfortable

Swimming ability:

☐ Non-swimmer (cannot support themselves in water)
☐ Novice (can support themselves in shallow water and are capable of moving short distances <5m)
☐ Intermediate (can support themselves in deep water and can swim a length of the pool)
☐ Advanced (can support themselves in deep water and can swim many lengths of the pool)

Please indicate any special needs or disabilities:
_________________________________________________________________________________

Name of Parent/Guardian: _______________________________________________________________

Signature: ___________________________  Date: ________________