

# Swim School



## GENERAL INFORMATION

Child's Name: <small>First</small> _____ <small>Last</small> _____		Parent's Name _____	
Address: <small>Street</small> _____ <small>City</small> _____		<small>State</small> _____ <small>Zip</small> _____	
Email: _____		DOB:     /     /         Age: _____	
Phone #: _____     Alt. Phone #: _____		2010 Season Pass Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## CLASS INFORMATION

Indicate which session(s) you are interested in and your time preference: Return this form at least 2 weeks prior to the first day of session. Selected times are not guaranteed. You will be notified of your session and time.

<input type="checkbox"/> June 7-17	<input type="checkbox"/> June 21-31	<input type="checkbox"/> July 5-15	<input type="checkbox"/> July 19-29	<input type="checkbox"/> August 2-12
<input type="checkbox"/> 8:00 am -8:30 am	<input type="checkbox"/> 8:30 am – 9:00 am	<input type="checkbox"/> 9:05 am – 9:35 am	<input type="checkbox"/> 9:40 am – 10:10 am	<input type="checkbox"/> 10:15am - 10:45am

If you have other children that will be attending Swim School list their names for scheduling purposes.

## PERSONAL SWIM SKILLS INFORMATION

Has your child ever taken swimming lessons before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where? _____	Estimated date of last lessons: _____/_____/_____	Preferred Instruction Method: <input type="checkbox"/> Instructor/Child <input type="checkbox"/> Parent/ Tot
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Indicate your child's skill level in the following areas on a 1-5 scale.

1= Never attempted    2= Cannot perform w/ assistance    3= Can perform w/ assistance    4= Needs little assistance    5= Can perform well

Beginner Skills		Intermediate Skills		Advanced Skills	
<input type="checkbox"/>	Splashing in the water	<input type="checkbox"/>	Front float	<input type="checkbox"/>	Backstroke
<input type="checkbox"/>	Walking in waist deep water	<input type="checkbox"/>	Back float	<input type="checkbox"/>	Sidestroke
<input type="checkbox"/>	Submerging face in water	<input type="checkbox"/>	Kicking action	<input type="checkbox"/>	Breaststroke
<input type="checkbox"/>	Blowing bubbles	<input type="checkbox"/>	Push off wall and kick	<input type="checkbox"/>	Dolphin kick
<input type="checkbox"/>	Instructor holding child in water (not touching stairs or bottom of pool)	<input type="checkbox"/>	Jump into pool—caught by instructor	<input type="checkbox"/>	Front crawl with rhythmic breathing
<input type="checkbox"/>	Instructor assisted jump into pool	<input type="checkbox"/>	Arm stroke on front	<input type="checkbox"/>	Treading water
<input type="checkbox"/>	Front float with flotation device	<input type="checkbox"/>	Arm stroke on back	<input type="checkbox"/>	Standing dives
<input type="checkbox"/>	Back float with flotation device	<input type="checkbox"/>	Elementary backstroke	<input type="checkbox"/>	Butterfly
<input type="checkbox"/>	Kicking action with flotation device	<input type="checkbox"/>	Sitting and kneeling dives	<input type="checkbox"/>	Underwater swimming
<input type="checkbox"/>	Push off wall toward instructor	<input type="checkbox"/>	Use of a lifejacket	<input type="checkbox"/>	Safety skills- reach and throw assist
<input type="checkbox"/>	Rhythmic breathing (bob up & down)	<input type="checkbox"/>	Front stroke with side breathing	<input type="checkbox"/>	Swimming multiple lengths of the pool

## PAYMENT INFORMATION

_____ Session(s)	\$ 65.00	_____ First Name _____ Last Name _____ Phone _____	
Discount (\$10 off Sibling or Season Pass Holder)	\$ _____	_____ Billing Address _____ City _____ State _____ Zip _____	
Subtotal	\$ _____	Credit Card #: _____	
6% Sales Tax	\$ _____	Expiration Date: ____/____    3 Digit CVV: _____	
<b>TOTAL</b>	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____    Employee _____ Date _____	

Please return this form along with full payment to 400 W Overland Rd., Meridian, ID 83642 Attn: Swim School or fax with credit card number to (208) 884-4510