



SCHOOL: _____

TEACHER'S NAME: _____ **Room #:** _____

STUDENT'S NAME (please print clearly): _____

AGE: ____ **Birthdate:** _____ **CURRENT SWIM LEVEL:** _____

PARENTS: Welcome to our Swim for Life Program. To assist us in placing your child in the most appropriate level, please indicate by a check mark what your child is able to do. If your child can complete all the items of one level, move on to the next and so on. **If your child has had swimming lessons in the past, please attach a photocopy of the progress card to this sheet.** Thank you in advance for your cooperation. Our Aquatics staffs reserve the right to place your child at the skill level we feel is most appropriate to your child, regardless of prior instruction. Reminder that children must be 6 years of age on the first day of classes in order to qualify for the Swimmer Levels, children under 6 years will be registered in a preschool level.

STANDARDS – SWIM FOR LIFE

<p>SWIMMER ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shallow water movements <input type="checkbox"/> Front/ back floats <input type="checkbox"/> Front/back/ side glides <input type="checkbox"/> Submersion under water / hold breath <input type="checkbox"/> Flutter kick on front/ back <input type="checkbox"/> Tread water 30 sec. wearing PFD 	<p>SWIMMER TWO</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jump into deep water and return <input type="checkbox"/> Tread Water 15 sec <input type="checkbox"/> Flutter kick on back/ front/ side 10m <input type="checkbox"/> Whip kick- vertical position <input type="checkbox"/> Front/ back crawl 10m <input type="checkbox"/> In PFD Jump, tread 30 sec, swim 15m
<p>SWIMMER THREE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tread Water 30 sec <input type="checkbox"/> Whip kick on back 10m <input type="checkbox"/> Front/ back crawl 15m <input type="checkbox"/> Interval training 4 x 15m <input type="checkbox"/> Jump, tread 30 sec, swim 25m 	<p>SWIMMER FOUR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tread water 1 min <input type="checkbox"/> Whip kick on front 15m <input type="checkbox"/> Breaststroke arms <input type="checkbox"/> Front/ back crawl 25m <input type="checkbox"/> Interval training 4 x 25m <input type="checkbox"/> Sprint front crawl 25m
<p>SWIMMER FIVE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jump and tread 2 min <input type="checkbox"/> Stationary eggbeater kick 30sec <input type="checkbox"/> Breaststroke 25m <input type="checkbox"/> Front/ back crawl 50m <input type="checkbox"/> Interval training 4 x 50m <input type="checkbox"/> Roll entry, tread 90 sec, swim 75m 	<p>SWIMMER SIX</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deep water entries <input type="checkbox"/> Treading water legs only 45sec <input type="checkbox"/> Eggbeater on back 15m <input type="checkbox"/> Breaststroke 50m <input type="checkbox"/> Front/ back crawl 100m <input type="checkbox"/> Scissor kick 15m

Notes: _____

