

SWIMMING ABILITY



SCHOOL	
STUDENT'S FULL NAME	
CLASS	AGE

Please tick which best describes your child's swimming ability so they can be placed into an appropriate group on the first day of lessons. Please be aware, some changes may occur throughout the swimming program depending on your child's swimming ability.

SWIMMING ABILITY	PLEASE TICK ONE BOX
Currently enrolled in the MSAC Learn to Swim program. Please state level if known: _____	<input type="checkbox"/>
WHITE <ul style="list-style-type: none"> • Unsure of swimming ability • Very little or no swimming experience 	<input type="checkbox"/>
YELLOW <ul style="list-style-type: none"> • Submerge face voluntarily • Kick and paddle 3-5 metres with scooping arms independently • Torpedo 3 metres • Back float with assistance 	<input type="checkbox"/>
GREEN <ul style="list-style-type: none"> • Torpedo 5 metres front and back (strong kick action) • Freestyle 5 metres, arms out of water (with breath) • Backstroke 5 metres, unaided kick 	<input type="checkbox"/>
BLUE <ul style="list-style-type: none"> • Torpedo 10 metres (strong kick action) • Freestyle 10 metres arms clearly out of water (breathing to the side) • Backstroke 10 metres, arms clearly out of the water, with strong kick 	<input type="checkbox"/>
PURPLE <ul style="list-style-type: none"> • Freestyle 15 metres (correct technique) • Backstroke 15 metres (correct technique) • Demonstrate breaststroke kick with board 	<input type="checkbox"/>
ORANGE <ul style="list-style-type: none"> • Freestyle 25 metres (correct technique) • Backstroke 25 metres (correct technique) • Breaststroke 10 metres • Demonstrate 5 metres butterfly 	<input type="checkbox"/>
PINK <ul style="list-style-type: none"> • Consistent correct stroke for freestyle, backstroke and breaststroke for 50 metres minimum 	<input type="checkbox"/>

Please specify any medical conditions

Comments

PARENT/ GUARDIAN SIGNATURE	DATE
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