



New Swimmer Form

Swimmer Name: _____

Age: _____

Physical / Visual Disability: _____

Swimming Ability:

Non-swimmer (cannot support themselves in water)

Novice (can support themselves in shallow water and are capable of moving short distances)

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)

Name of Parent/Guardian: _____

Signature: _____

Date: _____