Medicine Hat Public School Division

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SWIMMING ABILITY FORM: OFF-SITE ACTIVITIES 720 E 005

Parents/guardians: Please complete the following information regarding the swimming ability of your child/ward and return it to the teacher-leader. MHPSD staff and the Service Provider will use this information to best ensure the safety of the students during the program.

Student Name: _____ **Age:** _____ **Home Room/Team:** _____

School: _____ **Teacher/Coach:** _____

Comfort level in and around the water: ☐ Not comfortable ☐ Comfortable ☐ Very comfortable

Swimming Ability

☐ **Non-swimmer** – Cannot support themselves in deep water
☐ **Novice** – Can support themselves in deep water and is capable of moving short distances (less than 5 meters)
☐ **Intermediate** – Can support themselves in deep water for several minutes and can swim a length of the pool
☐ **Advanced** – Can support themselves in the water and swim many lengths of the pool

Select the highest level of formal swim training your child has completed:

☐ **Lifesaving Society – Swim for Life**

☐ Preschool 1 ☐ Preschool 2 ☐ Preschool 3 ☐ Preschool 4 ☐ Preschool 5
☐ Swimmer 1 ☐ Swimmer 2 ☐ Swimmer 2 ☐ Swimmer 4 ☐ Swimmer 5 ☐ Swimmer 6

☐ **YMCA – Li'l Dippers, Learn to Swim and Star Program**

☐ Bobbers ☐ Floaters ☐ Gliders ☐ Divers ☐ Surfers ☐ Dippers
☐ Level 1 – Otter ☐ Level 2 – Seal ☐ Level 3 – Dolphin ☐ Level 4 – Swimmer
☐ Star 1 ☐ Star 2 ☐ Star 3 ☐ Star 4 ☐ Star 5 ☐ Star 6 ☐ Star 7

☐ **Red Cross or other swim program name and level completed:** _____

☐ **I am unsure of the last swim level my child has completed.**

☐ **My child has never taken swim lessons before.**

Comments/other information about this activity that would be important for the Teacher-Leader and/or Service Provider (swimming instructor) to know:

Name of Parent/Guardian: _____
(Please print)

Date: _____
(YYYY/MM/DD)

_____
(Signature of Student)

Protection of Privacy Notice
Personal information collected on this form is collected under the authority of Alberta's *Protection of Privacy Act (POPA)* and the *Education Act*. The information will be used to assess ability, support the planning and supervision of activities, and help ensure the safety of students participating in the activity. Questions regarding the collection, use, disclosure, or protection of personal information may be directed to the Privacy Officer at **privacy@mhpsd.ca** or **403-528-6700**.