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Member ID \_\_\_\_\_

Name \_\_\_\_\_

1 1. Does your child have any allergies?

Yes

No

If so please provide details \_\_\_\_\_

2 2. Is your child currently on any medications?

Yes

No

If so please provide details \_\_\_\_\_

3 3. What is your child's current swimming ability?

Weak

Average

Competent

4 4. Does your child have any specific behavioural tendencies we should be aware of?

Yes

No

If so please provide details \_\_\_\_\_

5 5. Is there anything else we should know about your child?

Yes

No

If so please provide details \_\_\_\_\_

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