



# SWIM LEVEL GUIDE

Below is a list of some of the skills that will be taught in each swim level. Read the descriptions to help you decide which class level will be best for your child. **Keep in mind that if your child is not in the correct class, we will make any necessary adjustments on Days 1 and 2.** If you are having trouble deciding between two levels, we might suggest that you choose the lower level as it's much easier on the ego to be moved up a level than it is to be moved back a level.

## LEVEL 1 – WATER EXPLORATION

- Fully submerge face
- Kick while on back, fully supported
- Kick while on front, fully supported
- Walk 5 yards in chest-deep water, alternating arms
- Float on front, fully supported
- Float on back, fully supported
- Blow bubbles into water
- Put on life jacket and enter shallow water
- Enter and exit water independently using ladder, ramp or steps

## LEVEL 2 – PRIMARY SKILLS

- Hold breath and fully submerge head for 3 seconds
- Step from side into chest-deep water, recover to a vertical position
- Get out of the side of the pool
- Float on back, unsupported
- Rhythmic breathing
- Orientation to deep water
- Flutter kick on front
- Flutter kick on back
- Back crawl arm action
- Combined stroke from front, using kick and alternating arm action
- Turn over from front to back
- Float in life jacket with face out of water
- Retrieve objects under water

## LEVEL 3 – STROKE READINESS

- Retrieve objects under water with eyes open, no support
- Bob, submerging head completely
- Dive from side of pool from kneeling position
- Tread water
- Jump into deep water with life jacket on
- Reverse direction while swimming on back
- Coordinate arm stroke for front crawl with breathing to the side
- Prone glide with push-off
- Supine glide with push-off
- Reverse direction while swimming on front
- Elementary back stroke
- Jump into deep water from side of pool

# AUTHORIZATION FORM FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health or hospital services, under the law, you as a parent must give permission. Naturally, if you are with your child, you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you give permission to other adults to act for you, in your absence, regarding the treatment of your child.

This is a legal document. After you complete this form, give a copy to each adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person - physician, dentist, or hospital representative.

When a true emergency exists, a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

## IDENTIFICATION

Name of Child \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_\_  
Medications Now Being Taken \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Special Conditions \_\_\_\_\_

## HOSPITALIZATION COVERAGE FOR ABOVE-NAMED MINOR

Insurance Company or Government Program \_\_\_\_\_  
Insurance ID or Contract # \_\_\_\_\_

## FAMILY PHYSICIAN

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

I, being the parent of custody or legal guardian of the above-named minor, do hereby appoint

Name (print) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization of the above-named minor in my absence.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Witness Date

This form is valid for a period of 90 days from the date signed.