

# Aquatic Profile

## Summer of 2011



P.O. Box 34  
Merrick, NY 11566  
516-620-4300  
Fax 516-620-4329

This form will be given to our swim staff in order to design the appropriate aquatic program for your child. Please complete all sections of this form even if information is repeated from the Personal Profile.

Child's name..... Age as of July 1, 2011.....

School grade entering in September..... Camp(s) attended last summer.....

If your child was a Coleman Country Day Camp camper last summer, we have his or her swim level on file. For new campers, if you know your child's last earned American Red Cross card, please fill that in here; otherwise, indicate the level that best represents your child's ability to the best of your knowledge:

American Red Cross card level:..... or Camper's swim level:  Non-swimmer  
 Beginner  
 Intermediate  
 Advanced

Our swim instructors are professionals who are certified and trained to teach swimming. While they will never force a camper, there is a range of encouragement that an instructor can provide. Please check the statement below that most closely represents your feelings:

- My child truly enjoys swimming and water sports. I support full participation and anticipate no need for special consideration.
- My child usually needs extra encouragement to get over a hurdle, especially if he or she perceives there is a risk involved. Please be gentle but firm. I expect to see some real progress in my child's swimming skills this summer.
- Skill acquisition is not one of my highest priorities in my child's camp experience. Although he or she is always required to go to the pool, please do not use a lot of pressure during swim instruction, even if it means that progress will be slow.

Additional comments regarding swim .....

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Form completed by ..... Relationship to camper ..... Date .....  
Signature

**For Coleman Country Day Camp staff use only:**  Swim Director has reviewed this profile  
 Counselor has reviewed this profile

Counselor's Signature..... Date.....

Swim Director's Signature..... Group.....

Additional forms are available at <http://ColemanCountry.com/forms/>

Office Use Only. Please do not place any marks inside this box.

