

**Please list any physical or medical issues that apply to you**

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Has your child (participant) or you ever participated in a swimming lesson? YES\_\_\_ NO\_\_\_  
Can your child (participant) or you tread water or swim safely in water depth over your head? YES\_\_\_ NO\_\_\_

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