

ASSESSMENT FORM



SURNAME

Address _____

Home # _____

Mobile # _____

Emergency Contact _____

Phone _____

FIRST Name

School _____

Age _____

DOB _____

"Why I Swim" (order 1 - 6)	Preferred Days (1-5) or X <input type="checkbox"/> WEDNESDAY	My #1 Swimming Goal Is...
<input type="checkbox"/> Stay Healthy	<input type="checkbox"/> MONDAY <input type="checkbox"/> THUR am pm	
<input type="checkbox"/> Get Faster	<input type="checkbox"/> TUE am pm <input type="checkbox"/> FRIDAY	
<input type="checkbox"/> Learn My Strokes	To be completed by Coach / Instructor	
<input type="checkbox"/> Work Hard	<input type="checkbox"/> No Fear <input type="checkbox"/> Freestyle <input type="checkbox"/> Butterfly	date
<input type="checkbox"/> Be With Mates	<input type="checkbox"/> Breathing <input type="checkbox"/> Backstroke <input type="checkbox"/> Dive	
<input type="checkbox"/> Mum/Dad makes me	<input type="checkbox"/> Body Position <input type="checkbox"/> Breastroke <input type="checkbox"/> Turns	

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