

LIFECYCLE SWIMMING MONTCLAIR, NJ

SWIM STUDENT INTAKE FORM

STUDENT NAME:	
AGE (if under 18):	
ADULT STUDENT OR GUARDIAN NAME:	
ADDRESS: EMAIL: PHONE:	

EMERGENCY CONTACT:

NAME:	PHONE:
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Your answers will help us customize lessons for you or your child. All information is kept confidential.

1. Any specific swimming goals?
2. Any particular strokes or skills you'd like to focus on?
3. Briefly describe any prior experience with swim lessons. Level achieved, successes or difficulties...
4. Does the student have any degree of fear of water? If yes, please explain or describe.
5. Does the student have any physical or mental conditions that I should be aware of for instructional modifications or emergency purposes? YES or NO If "yes," please explain.
6. Any other relevant comments or questions?
7. Were you referred by anyone?