

WALDO COUNTY YMCA Islesboro Summer Swim Swimmer Assessment



WALDO COUNTY YMCA Islesboro Summer Swim Swimmer Assessment

Please answer the following statements about your child.

Swims with rotary breathing

Please answer the following statements about your child.

Swims with rotary breathing

	•	•			•	•	
Name:	Age:			Name:	Age:		
Submerges headFloats on backJumps into chest-deep water	Yes	w/help	No	Submerges headFloats on backJumps into chest-deep water	Yes	w/help	No
Swims on frontSwims on backSwims with rotary breathing	25 yds	15 yds	5 yds	Swims on frontSwims on backSwims with rotary breathing	25 yds	15 yds	5 yds
the Isles	boro S mmer A	UNTY \ ummer \ssessi	Swim ment	the Isles	boro S mmer A	OUNTY Normal Name of Summer Assession about you	Swin ment
Name:	Age:			Name:	Age:		
Submerges headFloats on backJumps into chest-deep water	Yes	w/help	No	Submerges headFloats on backJumps into chest-deep water	Yes	w/help	No
Swims on frontSwims on back	25 yds	15 yds	5 yds	Swims on frontSwims on back	25 yds	15 yds	5 yds