

Swim Lessons Skills Sheet



Please fill out the form below:
Highlight / circle any or all skills mastered by the swim registrant.

Name of swimmer: _____ **Age:** _____

1. I am comfortable in the water
2. I can hold my breath for five seconds under water.
3. I can float on my stomach.
4. I can float on my back.
5. I can dive.
6. I know basic swimming strokes.(circle each that apply)
 - front crawl
 - back crawl
 - breast stroke
 - elementary back stroke
 - side stroke
7. I would like to perfect the basic swim strokes and would like to be physically challenged in this program.

Once completed please submit to:

**Poland Recreation Department
1231 Maine Street
Poland, ME 04274**

-Or-

Copy and paste information & email us @ ssegal@polandtownoffice.org