

APPLE BLOSSOM
AFTER SCHOOL PROGRAM/SUMMER CAMP
700 WATER TROUGH ROAD SEBASTOPOL, CA 95472 (707) 823-3463

Dear Parents,

Part of our 2026 Summer Camp involves swimming Tuesdays and Thursdays at Ives Pool. No child will be permitted in the "BIG POOL" until he/she can prove to Ives Pool staff and my staff that he/ she is able to swim. (Your child must be able to swim the width of the small pool without stopping or struggling, using the "Freestyle Stroke" and be able to breathe properly.) Please help us by filling out the following information about your child's swimming ability.

Are there any medical conditions that might hamper your child's swim or water activities? ☐ NO ☐ YES

If yes, please explain: _____

Are there any psychological factors that might affect your child's success in swimming or water activities ☐ NO ☐ YES

If Yes, please explain: _____

My child can:

- ☐ Not yet submerge his/her face (beginner or fearful around water)
- ☐ Submerge his/her face for 10 seconds while standing in shallow water
- ☐ Float on his/her stomach for 15 seconds in shallow water
- ☐ Float on his/her back for 15 seconds assisting with arms and legs
- ☐ Stay up in water over his/her head for 3 minutes
- ☐ Swim in water over his/her head for 3 minutes
- ☐ Swim in water over his/her head for 10 minutes, using various strokes
- ☐ Has had advanced swim lessons or is on a swim team

Other Comments: _____

My child _____, has permission to participate in the 2026 Apple Blossom Summer Camp water/ swim activities.

Parent/Guardian Signature

Date