



Camp Emeth 2012 Swimming Information Sheet

Child's Name: _____ Age: _____ Grade Level: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Second Person to Contact If You Are Unavailable: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Which Hospital would you prefer: _____

Medications child is on: _____

Any conditions to be aware of (i.e. allergies, asthma, etc.): _____

Any Previous Swim Lessons and Ability Level: _____

Afraid of Water: yes no

On a Swim Team: yes no

Prone to ear Infections: yes no

Eyewear: Contacts Glasses None

Any other information that you feel is important: _____

Thank you very much for taking the time to fill this out. Please return it with the rest of the material.

Sincerely,

Kelley Schmidt
Swim Coordinator