

**PARTICIPANT NAME:**

## **Take the Plunge - SWIMMING SURVEY**

In order to meet the needs of your child, we have a few questions that will help us. Please take the time to fill out our swimming survey with your child before they participate in the Richmond Swims Take the Plunge Swim Lesson Program.

- 1. Has your child ever had swimming lessons? If so, at what age, where, and for how long?**
- 2. Do you know how to swim? If so, how much experience do you have with swimming? Do you have any fear of water?**
- 3. Have you or your child ever experienced or witnessed a drowning or near drowning accident?**
- 4. Does your child have any interest in joining a swim team? If so, is that something you would like so sign your child up for?**