

The Bermuda Hockey Federation (BHF) SWIMMING QUESTIONNAIRE



In preparation for the forthcoming BHF Sportways Camp, we would like to gain a little information regarding your child's current swimming ability. We would really appreciate a few moments of your time in filling in this questionnaire.

Child's Name

	YES	NO
Is able to swim with support equipment (floats etc.)		
Can swim without support equipment		
Can make a supervised jump into the water		
Is able to float on their front or back		
Is able to swim out of their depth confidently		
Can swim a width of a pool confidently without support		
Can swim a length of a pool confidently without support		

Also, if there is any medical condition we should be aware of with regard to their swimming please give details below. If your child is frightened of water/swimming if you would give details below as well.

Signed _____

Date _____