

## Camper Swim Field Trip Form

Child's Name:		
Child's Age:		
Camp Locations:	Hollywood Recreation Center Carver Recreation Center	
	Margaret Brent Recreation Center	
_	field trips to either the Great Mills Swimming Pool (outdoors) or the enter Swimming Pool (indoors).	
To keep all campers safe,	the following information about your camper is required.	
1.Can your camper:		
a.Step or jump into wa	ater over the head and return to the surface. Yes No I don't know	
b.Turn around and or	ient to safety as well as turn over. Yes No l don't know	
c.Float or tread water	for one minute. Yes No I don't know	
d.Can swim 25 meters	unassisted without touching the bottom or side of the pool (from one	
end of the pool to th	ne other). Yes No I don't know	
e. Exit the water in the deep end unassisted (ladder available). Yes No loon't know		
2. Does your camper have	any swim experience? (select one appropriate choice below)	
a. None		
b.Very little		
c. Some in water not o	ver their head	
d. Quite a bit in water	not over their head	
e. Some in water over	their head	
f. Quite a bit in water	over their head	
g. Lots of experience in	n water over their head	

3.Would you like your child to rem	nain in the shallow end (water no	ot over their head) during	
camp field trips to the pool?	Yes No		
All campers who wish to swim in to beginning of each pool field trip. To will be given a wrist band to indicate	hese campers are not allowed t	o wear life jackets or floaties. They	
If you would like to provide a life joapproved. If you provide a US Coaname on it and staff will require your practice putting the lifejacket on provide a life joacket on pro	ist Guard approved life jacket/flo		
I understand that this information will be used to assist camp and pool staff with placing your camper in the appropriate area of the pool. Please discuss this with your camper so they are aware of any limitations they may have. If this information changes at all during the summer, I understand that I need to complete a new form and turn it into my camper's site director.			
Parent/Guardian Name (Print)	Signature	Date	

Return completed form to **summerfuncamps@stmaryscountymd.gov**.