



# CAMP CHIKOPI

## COMPETITIVE SWIMMING QUESTIONNAIRE

Please complete only if you intend to join Chikopi's Optional Competitive Swim Program

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ **DD/MM/YY**

Home Club Name: \_\_\_\_\_ Age: As at 01 July \_\_\_\_\_

Coach: \_\_\_\_\_ Preferred Stroke: \_\_\_\_\_

Skill Level	Excellent	Good	Fair	Poor
Freestyle				
Back Stroke				
Breast Stroke				
Butterfly				

BEST TIME	50y	50m	100y	100m	200y	200m	400y	400m	500y	800m	Mile
Free											
Back											
Breast											
Fly											
I.M.											

If you require your son to participate in a **MINIMUM** number of swim practices each day/week you must notify us in the space provided below. If we do not receive written instructions, we will allow your son to choose for himself how many sessions he attends.

Please detail below any specific swimming issues or information you wish to share with the coach.

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Signature

Date

**Parent's Signature Required For Camper To Participate in non-camp events:**

The cost of attending any non-camp Swimming competition is the financial responsibility of the camper, all expenses incurred during the trip will be deducted from the campers store account. Campers will only be permitted to go if they have sufficient funds in their store account to cover the cost of the trip.