



Camp Gan Israel, Oakland NJ

Swimming Form

Name of Camper: _____

Age: _____

Swim level Selection

In order to assist us in placing your child in the proper swim group, please check the MOST appropriate box below.

My child is:

- new to the water or has fear of the water (regardless of age.)
- likes the water, but is unable to stay afloat or propel him/herself in the water.
- is able to keep feet off the bottom and do his/her own thing to stay afloat.
- has some swim style of arm paddling.
- has a strong instinct for basic strokes and is comfortable with face in the water as well as swimming underwater.
- is a strong swimmer but needs refining of more difficult strokes (breast/butterfly.)
- is a well accomplished all-around swimmer.