

**Object : Start of the *Swim to Survive*<sup>TM</sup> program**

Dear parent,

Your child will soon participate in the Lifesaving Society's *Swim to Survive* program.

In Canada, drowning is the third most frequent cause of accidental death amongst people under 55 years old, and second most frequent amongst young children.

We observe each year a recurring fact: most of the time, drowning victims did not even have the intention of entering water; their immersion was sudden and unexpected.

The *Swim to Survive* program has been created to follow recommendations from different coroners throughout the country, in order to lower the number of drownings amongst children. Its goal is to have children acquire knowledge on three different subjects related to water safety in classroom sessions, and three swimming skills in pool sessions: rolling into deep water, treading water for 1 minute and swimming 50 meters.

The *Swim to Survive* program will take place at the

swimming pool on the following dates:

After these lessons, your child will bring home a *Swim to Survive* certificate, which will indicate the skill level he or she has reached.

Please fill the registration form and questionnaire on your child's aquatic skills included on the next page and return them to your child's teacher. The questionnaire will guide the program's instructors in forming homogeneous groups of students, which will help students fully benefit from this experience.

For more information, please visit the Parents Section on the Lifesaving Society's website or contact us by phone or email.

We hope everything is to your satisfaction and send you our best regards.

## REGISTRATION FORM

This form must be returned to your child's teacher before

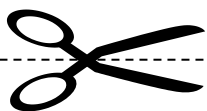
Name of student : \_\_\_\_\_ Group : \_\_\_\_\_

☐ I authorize my child to take part in the *Swim to Survive* program.

☐ I do not authorize my child to take part in the *Swim to Survive* program.

*Your child will take part in the three classroom sessions, but will remain as an observer under an adult's supervision during the pool sessions.*

Parent or guardian signature : \_\_\_\_\_ Date : \_\_\_\_\_



## QUESTIONNAIRE: AQUATIC SKILLS

This questionnaire will help instructors divide students into groups during the pool sessions. Please provide us with honest answers to ensure that your child is placed in the group that will allow him/her to learn as effectively as possible.

Name of student : \_\_\_\_\_ Group : \_\_\_\_\_

|                  |   |     |    |
|------------------|---|-----|----|
| 1.               | Is your child scared of water?  | Yes | No |
| 2.               | Has your child ever been in a pool or body of water (lake, ocean...)?                                     | Yes | No |
| 3.               | Do you have a pool at home?   | Yes | No |
| 4.               | Has your child followed swimming lessons?<br>If so, what level has your child achieved? _____             | Yes | No |
| 5.               | Does your child require a flotation device to swim?<br>If so, what type of device? _____                  | Yes | No |
| 6.               | According to you, how would you define your child's swimming skills?<br>Good    –    Average    –    Poor |     |    |
| Comments : _____ |   |     |    |
|                  |   |     |    |
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