



# Preliminary Data Sheet Summer Swimming Program

WSI Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_ NY  
Village/Town/City

\_\_\_\_\_ NY  
Zip Code

• For what Town Youth Commission are you working? \_\_\_\_\_

• Who is your immediate supervisor?  
(Who do you call if you have problems/questions?)  
Supervisor's phone number \_\_\_\_\_

tele# \_\_\_\_\_

• Are you paid regularly (weekly, biweekly) by your locality or in a lump sum by the county?

(circle one)  
regularly      lump sum

• Where did you obtain your WSI certification?  
(Where did you take the WSI course?) \_\_\_\_\_

• Who was the instructor of the WSI course? \_\_\_\_\_

• What dates are your WSI Certification valid for? \_\_\_\_\_

Check what swimming courses/classes are being taught this summer in your area:

- |  |  |
|--|--|
| <input type="checkbox"/> Learn to Swim Level 1: Intro to Water Skills      | <input type="checkbox"/> Learn to Swim Level 5: Stroke Refinement            |
| <input type="checkbox"/> Learn to Swim Level 2: Fundamental Aquatic Skills | <input type="checkbox"/> Learn to Swim Level 6: SSP – Personal Water Safety  |
| <input type="checkbox"/> Learn to Swim Level 3: Stroke Development         | <input type="checkbox"/> Learn to Swim Level 6: SSP – Fundamentals of Diving |
| <input type="checkbox"/> Learn to Swim Level 4: Stroke Improvement         | <input type="checkbox"/> Learn to Swim Level 6: SSP – Fitness Swimmer        |
| <input type="checkbox"/> Other: _____                                      | <input type="checkbox"/> Other: _____  |

Is anyone else instructing at this site? (Circle one)      YES      NO

If so, please list name and Certification/Title: \_\_\_\_\_

Program Start date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

At what time are lessons provided each day? \_\_\_\_\_

What is your average daily attendance for swimming instruction (How many attend each day)? \_\_\_\_\_

**\*\*PLEASE RETURN THIS FORM BY JUNE 22, 2018\*\***