



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: _____ |

If 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 14th, 2024****