## **Sample Form Fields**

The table below gives an example of each type of response type when creating Forms for an Event.

Туре	Sample		
Check Box	3. Which swimming styles does your child know?		
	- Franctida		
	☐ Freestyle		
	☐ Backstroke		
	☐ Breaststroke		
	■ Butterfly		
	Floating		
	■ Dog Paddle		
	Sidestroke		
Date (Single)	When was your child's last Tetanus sh	ot?	
Date (Multiple)	Are there any dates where you could help with swimming	18	
	21/4/2020,28/4/2020,5/5/2020		
Drop Down (Single)	Rate your child's swimming ability*		
	Please select		
	Please select		
	1. Can't swim		
	Beginner     Comfortable in water		
	4. Swims like a fish.		
Draw Davies (Multiple)	11. Which cuimming styles does your shild know?		
Drop Down (Multiple)	11. Which swimming styles does your child know?		
	Freestyle ★ Backstroke ★ Please select		
	Please select		
Emergency Contact	Emergency Contact information *  Contact Name	Home Phone	
Information (info will be	Contact name	Home phone number	
prefilled and editable to the parent)	Mobile Number		
the parenty	Mobile number		

Туре	Sample	
File Upload	10. Please upload any updated medical plans	
	ro. rease apload any aparted medical plans	
	Drop files h	nere
	L	
Heading		
Parent Contact		E
Information (info will be prefilled and editable	Contact Name	Email Address
by the parent)	Sarah Citizen	help@xuno.com.au
	Home Phone	Mobile Number
	+61 3 8877 7644	+61 400 000 000
	Street Address	Suburb
	1 Academic Place	Melbourne
	Postcode	State
	3000	VIC
	Country	
	Australia	
Radio Button	315. Rate your child's swimming ability	_
	1. Can't swim	
	<ul><li>2. Beginner</li></ul>	
	3. Comfortable in water	
Culp le a adire a	4. Swims like a fish	
Sub-heading Student Contact	1. Please check your child's contact details and make ch	anges if necessary.
Information (info will be	Contact Name	Email Address
prefilled and editable	Sarah Citizen	help@xuno.com.au
by the parent)	Home Phone	Mobile Number
	+61 3 8877 7644	+61 400 000 000
	Street Address	Suburb
	1 Academic Place	Melbourne
	Postcode	State
	3000	VIC
	Country	
	Australia	

Туре	Sample	
Student medical information	16. Student medical information  No medical information recorded so far.  Additional medical comments	
Time	© 17. What time will you drop off your child?	
Text Area	Any other information the school should know about your child's swimming ability?	
Text Box	Your child's favorite swimming style	