

SWIM TEST

Name: _____ Date: _____

I certify that at the date and location indicated below, the above named student took a swim test that included:

100-meter swim (any stroke, no time limit) without rest and
2 minutes treading water.

Place of test: _____

Circle one: Pass Fail

Life Guard's printed name: _____

Life Guard's signature: _____

OR

Alternative Proof*: _____

Date of Proof: _____

Accepted by: _____

* Alternative proof includes Red Cross Certification at the Swimmer, Junior Life Saver or Senior Life Saver level, Boy Scout life saving or swimming merit badges, or proof of membership on a community or school swim team. Submit a letter from person in authority or copy of certification.

OR

A copy of my Swim Test is on file with:

Insert High School Crew Team: _____

Parent' or Guardian Signature and date if rower
If rowers is under the age of 18

Rower's Signature and date
