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COMMUNITY ROWING INC. SWIM TEST Form

Instructions:

- 1) Write Name of Participant on the Swim Test Form:
- 2) Have a certified Lifeguard/Water Safety Instructor observe you and complete form below;
- 3) Make a copy of your form for your records;
- 4) Bring the form on the first day of program; or mail a copy to:

WECANROW-BOSTON, PO BOX 750036, ARLINGTON, MA 02475 OR
EMAIL: WECANROWBOSTON@YAHOO.COM

Name of Participant/Rower: _____

Name of Lifeguard/Water Safety Instructor: _____

Name of Pool: _____

Phone Number of Pool: _____

Swim Test Certification:

I hereby certify that the participant can **swim 100 yards** in a competent manner and can **remain afloat for at least 5 minutes**.

Signature of Lifeguard/Water Safety Instructor: _____

Date of Test: _____

Only swim tests complete in 2005-2008 are valid for the 2008 season.

Keep a copy of the completed test for your records