

FVRC



SWIM TEST FORM

INSTRUCTIONS:

1. Fill in name of participant and date of swim test completion.
2. Form will be completed by certified Lifeguard or an FVRC Member who has observed the completion of:
 - a. 50-yard swim (any stroke).
 - b. 5 minutes of treading water and demonstrating the ability to float.

Name of Participant: _____

Signature of Parent/Guardian (if applicable): _____

Location: _____ Date of Completion: _____

Name of Lifeguard/FVRC Member: _____

SWIM TEST CERTIFICATION:

I hereby certify that the participant can:

- Swim 50 yards without a life jacket.
- 5 minutes of treading water and demonstrating the ability to float.

Lifeguard/FVRC Member Signature: _____ Date: _____