



SWIM TEST

ROWER

Name \_\_\_\_\_ High School \_\_\_\_\_

Testing Facility \_\_\_\_\_ Date \_\_\_\_\_

All rowers must pass the following swim test wearing typical practice clothes:

- Swim continuously, any stroke for 50 yards
- Tread continuously, 5 minutes
- Secure Life Vest while treading water

SWIM TEST INSTRUCTOR

Name \_\_\_\_\_

American Red Cross Water Safety Instructor    Certified Lifeguard   Certification Expiration Date \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

I attest that the above named rower completed this test of swimming ability.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_