



# SWIM TEST FORM

## Instructions:

1. Ask a certified Lifeguard/Water Safety Instructor to observe you and to complete this form.
2. Make a copy of your form for your records.
3. Mail the completed form to:

**WeCanRow Program  
Camp Randall Rowing Club, Inc.  
15 N. Butler St. Suite 404  
Madison, WI 53703**

Name of Participant/Rower: \_\_\_\_\_

Name and Location of Pool: \_\_\_\_\_

Pool's Phone Number: \_\_\_\_\_

## Swim Test Certification:

**I certify that the participant is able to swim 50 yards and float for 5 minutes.**

Name of Lifeguard/Water Safety Instructor (please print clearly):

\_\_\_\_\_

Signature of Lifeguard/Water Safety Instructor:

\_\_\_\_\_

Date of Test: \_\_\_\_\_

*Make a copy of the completed swim test for your records.*