

Cascadilla Boat Club Swim Test Form

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Signature _____ Date of last swim test _____

Every 5 years members must provide evidence of demonstrated ability to:

1. Tread water for 10 minutes
2. Swim 50 yards

Indicate below how you will meet this requirement:

A. Passed a Swim Test

Taken at: _____ (pool location)

Date: _____

Signature of Lifeguard: _____

B. I am alternately qualified, such as the completion of American Red Cross swimming courses. I understand that alternative qualifications are subject to club approval.

- _____
- _____
- _____

C. I am a current member of a formal swim team at:

Organization: _____

Location: _____

My event(s) is/are: _____

My coach (es) is/are: _____

D. My physical limitations prevent me from swimming. I therefore agree to wear an adequate flotation device at all times while on the water or to be under the direct supervision of an individual certified in American Red Cross water safety during all my activity at CBC.

Athlete signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Cascadilla Boat Club PO Box 4032, Ithaca, NY 14852

cascadillaboatclub.org

Updated 3/22/15