

Cascadilla Boat Club Swim Test Form

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Athlete signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

All participants must be able to swim 50 yards and tread water for 5 minutes

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.

- _____
- _____
- _____

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

Organization: _____

Location: _____

My coach(es) name: _____

D. I cannot meet the swimming requirement and agree to wear an adequate flotation device at all times while on the water.

I choose to wear a PFD on the water and will request one from my coach

Cascadilla Boat Club PO Box 4032, Ithaca, NY 14852

cascadillaboatclub.org

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