SWIM TEST FORM

Section I: _To be filled out by PARTICIPANT_

Participant Name: (LAST) _____ (FIRST)_____ Grade: _____

Foundry Program Name: _____

Season: (circle one):   Summer   Fall   Winter   Spring   Year: 20_____

Please answer the following questions:

1)Did participation in a Foundry program encourage you to learn to swim?   ☐YES ☐NO, **I already knew how to swim**

2) If you already know how to swim, please self-rate your current swimming ability on a scale from 1-5: (circle one)

1(beginner)   **2**   **3** (intermediate)   **4**   **5** (advanced)

Section II: _To be filled out by a CERTIFIED LIFEGUARD or AMERICAN RED CROSS SAFETY INSTRUCTOR_

The Foundry requires that participants be able to successfully perform the following components, in the order listed, to pass the swim test:

1. 50-meter continuous swim, using any stroke
2. 5-minute continuous tread water
3. Put on a lifejacket and secure it while treading water

Certification:

I, _____ certify that _____
        (print name of certified lifeguard or safety instructor)   (print participant's name)

has completed the above requirements. The swim test was given on _____/_____/20_____
                                                                    (month)   (day)   (year)

at _____.
            (name and address of facility where test was administered)

        Signature:_____

Please complete this form and return to your coach _prior to participation_. Note: Swim tests only need to be performed once and will be kept on file for future seasons.