



Pittsford Crew Swim Test

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name/Phone Number: \_\_\_\_\_

**Swim Test Certification:**

I hereby certify that the participant can **swim 10 lengths** in a competent manner and can **remain afloat for at least 10 minutes**.

Signature of Lifeguard/Water Safety Instructor:

\_\_\_\_\_

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