



ESSEX ROWING

PO Box 81
North Andover, MA 01845
Office: 978.208.4617 Fax: 978.208.4618
www.essexrowing.org

ESSEX ROWING CLUB, INC. SWIM TEST FORM

Instructions:

1. Write Name of Participant on the Swim Test Form;
2. Have a certified Lifeguard/Water Safety Instructor observe you and complete form below;
3. Make a copy of your card for your records;
4. Bring this form to the boathouse on the first day of program; or mail a copy to:
Essex Rowing Club, Inc.
PO Box 81
North Andover, MA 01845

Name of Participant/Rower: _____

Address of Participant/Rower: _____

Name of Lifeguard/Water Safety Instructor: _____

Name and/or Location of Pool: _____

Phone Number of Pool: _____

Swim Test Certification:

I hereby certify that the participant named above can **swim 200 meters** in a competent manner and can **remain afloat, unassisted for at least 10 minutes and without distress** and can **put on a life vest while floating in the water**.

Signature of Lifeguard/Water Safety Instructor: _____

Date of Test: _____

Keep a copy of the completed swim test form for your records. Essex will not provide copies from its files if requested.