

# UNIT SWIM TEST ROSTER

# MINSI TRAILS COUNCIL

\* When swim tests are conducted away from camp or at the point of activity, THE AQUATICS DIRECTOR shall at all times reserve the authority to review or retest all participants to assure that standards have been maintained.

P.O. BOX 20624  
Lehigh Valley, Pa 18002  
Phone: 610-264-8551 Fax: 610-465-4500

**SWIM TEST:** Jump feet first into water over the head in depth. Level off & swim 75 yards in a STRONG MANNER using one or more of the following strokes: front-crawl, sidestroke, breaststroke, or trudgen; then swim 25 yards using an easy, resting backstroke (back-crawl or elementary backstroke). The 100 yards must be completed in one swim WITHOUT stops and must include at least one sharp turn. After completing the swim, rest by floating.

**\* Before TEST, Review Classification Definitions with all Participants and Certified Lifeguards**

<b>Non-Swimmer</b>	<b>Beginner</b>	<b>Swimmer</b>
<i>Does nothing, Jumps in &amp; jumps out, Needs to be rescued by guard before 50 feet are up</i>	<i>Jump feet first into water over the head in depth, level off, &amp; swim 25 feet on the surface. Stop, turn sharply, resume swimming &amp; return to the starting place</i>	<i>No doggy paddle, No breaks, Visibly shows a strong manner</i>

Non-Swimmer	Beginner	Swimmer	A = Adult Y = Youth	Full Name (Please Print)
	Y			Joe A. Sample
			1.	
			2.	
			3.	
			4.	
			5.	
			6.	
			7.	
			8.	
			9.	
			10.	
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			12.	
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			14.	
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			16.	
			17.	
			18.	
			19.	
			20.	

UNIT # \_\_\_\_\_ UNIT LEADER \_\_\_\_\_ UNIT LEADER PHONE \_\_\_\_\_

DATE OF SWIM TEST \_\_\_\_\_ LOCATION OF SWIM TEST \_\_\_\_\_

**\*PHOTO COPY OF CREDENTIALS ATTACHED/STAPLED TO UNIT SWIM TEST** -----

NAME OF PERSON CONDUCTING TEST (PLEASE PRINT) \_\_\_\_\_

Circle: BSA Lifeguard Certification / Red Cross Certification SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_