



Swim Test Instructions:

Have a certified Lifeguard or Water Safety Instructor observe you and complete the form below

Make a copy of this form for your records

Bring the form to the first day of program or mail a copy to:

Lake Sunapee Rowing  
PO Box 287  
New London, NH 03257

Name of Rower: \_\_\_\_\_

Name of Lifeguard/WSI: \_\_\_\_\_

Name of Pool: \_\_\_\_\_

**Swim Test Certification:**

As a currently accredited lifeguard, I certify that I have observed the participant named above complete a swim test consisting of **swimming 100 yards** in a competent manner and **treading water for 10 minutes** and **putting on a PFD** while treading water.

\_\_\_\_\_  
Signature of Lifeguard/Water Safety Instructor

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

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