



## SWIM TEST FORM

### Instructions:

1. Ask a Lifeguard/Water Safety Instructor to observe you and complete this form
2. Make a copy for your records
3. Mail the completed form to WeCanRow-Buffalo  
4976 Transit Road  
Depew, NY 14043

Name: \_\_\_\_\_  
PLEASE PRINT

Pool Locations: \_\_\_\_\_

Pool Phone Number: \_\_\_\_\_

### SWIM TEST CERTIFICATION:

I certify that the participant I observed is able to swim 50 yards and float for 5 minutes.

Lifeguard/Water Safety Instructor Name: \_\_\_\_\_  
PLEASE PRINT

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

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

\*\*\*\*\* *Make a copy of the completed swim test for your records* \*\*\*\*\*