Unit Swim Classification Records

As the leader of the unit listed below, I attest that the swimming classification of the listed persons is correct as of the date listed. Any change in the status after this date would require a reclassification test by a qualified aquatics staff member.

When swim tests are conducted away from camp or at the point of activity, the Aquatics Director shall, at all times, reserve the right to review or re-test any or all participants to assure that standards have been maintained.

Unit:_____ Council: _____

Session: 1 2 3 4 5

Date of Test: _____ Campsite: _____

Leader Signature: _____

Person Conducting Test

_____

Certification Type: _____

Signature:_____

Please attached a copy of the certification card

	Swimming Ability		
Full Name	**Non-Swimmer**	**Beginner**	**Swimmer**