



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*******