



**WICHITA ROWING ASSOCIATION SWIM TEST FORM**

\_\_\_\_\_ (name) has successfully completed the Swim Test on  
\_\_\_\_\_ (date).

Successful 100 m swim: Yes \_\_\_\_\_ No \_\_\_\_\_

Successful 5 minutes treading water: Yes \_\_\_\_\_ No \_\_\_\_\_

Successful placement of life-jacket on while in water (following treading):

Yes \_\_\_\_\_ No \_\_\_\_\_

Lifeguard Signature \_\_\_\_\_

Lifeguard Print Name \_\_\_\_\_

If not a WSU Heskett Lifeguard additionally please fill out the following:

Pool Name \_\_\_\_\_

Pool Phone # \_\_\_\_\_

Lifeguard Certification # and Certification Company

\_\_\_\_\_