Pre-Camp Swim Checks

I, the BSA Swim Test Administrator, sign below certifying that the following Scouts and Scouters have been administered the BSA Swim Test. I also certify that all Scouts and Scouters have been classified according to the BSA Swim Test standards. ***Attach a copy of the administrator's certification to this form.***

Signature:	Date:
Print Name:	Title & Cert Exp Date:

Approved Test Administrators: Aquatic Instructor BSA, BSA Lifeguard Councilor, BSA Lifeguard, Red Cross Lifeguard or Water Safety Instructor

Tested in Lake	Tested in Pool	Approximate Water Temp.	Degrees F.

Swimmer's Name	Age	Swim Classification

(Attach additional pages as required)

The above listed Scouts and Scouters have been administered the BSA swim test according to the BSA swim test standards. I feel confident in their swim classifications and sign my name certifying the swim test.

UNIT LEADER APPROVAL_____Date:

Unit (Troop/Team/Crew)_____Council_____