

Overland Trails Council Unit Swim Check Check-Off Form

Updated March 16, 2009

I, the BSA Swim Check Test Administrator, sign below certifying that the following Scouts and Scouters have been administered the BSA Swim Check Test. I also certify that all Scouts and Scouters have been classified according to the BSA Swim Check Test standards.

THE SWIM CHECK ADMINISTRATOR MUST BE APPROVED BY THE COUNCIL PRIOR TO THE ADMINISTRATION OF THE UNIT SWIM CHECK TEST AND A COPY A COPY OF THE REVIEWER'S CERTIFICATE OR CARD MUST BE ATTACHED TO THIS FORM. THIS SWIM CHECK IS GOOD FOR ONE YEAR FROM THE DATE THIS SWIM CHECK WAS CONDUCTED.

Signature _____ Date _____

Print Name _____ Title _____

Phone _____ E-mail _____

Date this Swim Check Expires _____ (No More than One Year)

Approved Test Administrators - Aquatics Director BSA (BSA Camp School Certified), Aquatic Supervisor BSA (BSA Camp School Certified), Lifeguard Instructor BSA, BSA Lifeguard, Red Cross Lifeguard Instructor, Red Cross Lifeguard, or Water Safety Instructor. All must be at least 21 years of age or older

_____ Tested in a Lake _____ Tested in a Pool Approximate Water Temperature _____ Degrees F

I give approval for the above listed individual above to act as a BSA Swim Check Administrator.

Council Approval _____ Title _____

Swimmer's Name	Age	Swim Classification

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

UNIT LEADER APPROVAL _____ Date _____

Unit Type (Circle One): Pack Troop Team Crew Unit Number # _____