UNIT SWIM CLASSIFICATION RECORD

Please complete and present this form to the aquatics director at your Sunday troop check-in. This is the individual's swim classification as of the date indicated below. Any change in status after this date (non-swimmer to beginner or beginner to swimmer) requires a retest by the camp aquatics director.

Special Note: Although swim tests may be conducted prior to summer camp, the aquatics director is expected to review or retest any Scout or Scouter whose skills appear to be inconsistent with his/her classification. Additionally, the aquatics director is authorized to retest any Scout or group of Scouts when he or she is reasonably concerned that pre-camp swim tests were not properly administered.

Unit Number: _____ Date of Swim Test: _____

Full Name (please print)	Swim Classification		
	Non-swimmer	Beginner	Swimmer

To be completed by person administering the tests.

Print name: _____ Signature: _____

_____

Address City, State, Zip Phone Number

Qualifications: _____

Unit Leader: _____

Print Name Signature