



CAMP RANDALL ROWING CLUB

WeCanRow

Swim Fitness Evaluation

Please Print Clearly

Instructions:

1. Ask a certified Lifeguard/Water Safety Instructor to observe you and complete this form.
2. Make a copy of this form for your records.
3. Bring the completed form to practice and give to WCR registrar.

Name of Participant/Rower: _____

Name and Location of Pool: _____

Phone Number for Pool Location: _____

Swim Fitness Evaluation:

I certify that the participant is able to swim 50 yards (any stroke), float for 5 minutes and tread water for 5 minutes.

Name of Lifeguard/Water Safety Instructor:

Signature of Lifeguard/Water Safety Instructor:

_____ Date: _____