

SWIM CLASSIFICATION ROSTER

All tests **must** be supervised and administered by a **BSA or Red Cross Lifeguard** with a **current** certification. A copy of their certification must accompany this completed form. Incomplete forms, or absence of certification, will result in a retest at camp. The Camp T. Brady Saunders Waterfront Director may review or re-test any Scout whose skills appear to be inconsistent with his classification. All principles of Safe Swim Defense must be followed at the time of the test, including Adult Leadership. **Please use additional forms for more Scouts. Do not continue on additional plain paper.**

	Full Name (please print clearly)	Youth / Adult	Non-Swimmer	Beginner	Swimmer	Re-Test at Camp
1						
2						
3						
4						
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I attest to the validity of the preceding information as a certified lifeguard. A copy of my certification is attached. I understand that classifying an unqualified Scout as a swimmer, or beginner could endanger the health and safety of the individual and others.

Troop # _____ Week in camp Pioneer 1 2 3 4 5 6 _____
Name of Scoutmaster

(Print) _____ Signed _____
Lifeguard Lifeguard Test Date

BSA Lifeguard / Red Cross Lifeguard Certification Expiration: ____/____/____ (attach copy of card)
Circle one

Pool Name & Address Phone # of Pool

****Form invalid without attachment of a COPY of Certification Card****

Bring this form and copy of certification to camp with your Troop