

Please have two copies of this form ready at check-in. One will be turned in at the administration building, and the other will be taken down to the waterfront for the aquatics staff to use to make swim tags.

UNIT ROSTER & SWIM CHECK REPORT

Date of Arrival _____ # of Youth _____ # of Adults _____ Unit # _____ Council _____

Adult/ Youth	Complete Name	Swim Classification

Campsite: _____ Troop Guide: _____



Unit Swim Classification Record

This is the individual's swim classification as of this date. Any change in status after this date, i.e., non-swimmer to beginner or beginner to swimmer, would require a reclassification test under the camp Aquatics Director's supervision.

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 or 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 _____

The below signed persons acknowledge that all BSA Swim Test policies and requirements were met.

Name of Council Approved Person Conducting Test

Print Name _____ Signature _____

Credentials _____ (BSA Lifeguard, AI BSA, Red Cross WSI or Lifeguard,

YMCA Lifeguard) **PLEASE ATTACH A PHOTOCOPY OF YOUR CREDENTIALS TO THIS FORM.**

Unit Leader

Print Name _____ Signature _____

	Full Name (Please Print)	Swim Classification		
		Non-Swimmer	Beginner	Swimmer
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

