



## AB Crew Swim Test

Athlete Name \_\_\_\_\_

**Lifeguard or WSI please complete the following:**

I certify that the above named person has passed the following swimming ability requirements in my presence without any assistance or floatation devices:

- **Swim a distance of 100 yards continuously**
- **Tread water for five minutes continuously**

Lifeguard or WSI Name: \_\_\_\_\_

Certificate Date: \_\_\_\_\_ Certificate ID: \_\_\_\_\_

Pool or Location: \_\_\_\_\_

Date of Swim Test: \_\_\_\_\_