



Swim Test Form

Take this form to a lifeguard or swimming instructor and ask them to administer the test below for you. (Lifeguard or swimming instructor must be someone who has passed the Red Cross or YMCA Life Saving Course and/or is a Water Safety Instructor and who holds current and valid certifications.)

Swimmer's Name _____

Swimmer's Troop #: _____

25m swim passed _____ (Lifeguard initials)

3-minute tread passed _____ (Lifeguard initials)

Lifeguard/Instructor Signature _____

Lifeguard Name: _____

Phone: _____

Location of Test: _____

Date: _____

Updated to be valid for 12 calendar months.

GAM 2020 SHIP MANIFEST



SHIP NAME/NUMBER: _____

Please list all girls and adults attending GAM this weekend.

Separate girls and adults with a space and indicate the adults by writing "adult" next to their name.

	Name	Graduating Senior? If so, how many GAMS?	Swim test complete?
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