



CAMP SHENANDOAH

Pre-Camp Swim Test

Troop Number: _____ Campsite: _____ Week #: _____

Use this form to record the swimming ability for each scout that took the Pre-Camp Swim test. Swim checks must be performed by a current **BSA Lifeguard or person approved by the Council Aquatics Committee** within six months of arriving at camp. Please note swimming conditions in a lake are different than in a swimming pool and our Aquatics staff reserves the right to re-test a scout if they feel it is needed.

PLEASE GIVE TO AQUATICS STAFF AT SWIM CHECKS

Name of Scout or Leader	Non-swimmer	Beginner	Swimmer
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

UNIT LEADER'S SIGNATURE _____ DATE: _____

LIFEGUARD SIGNATURE _____ CERTIFICATION EXPIRATION DATE _____