



Present this form to the Club's Swim Assessor at the Good Shepherd Lutheran College Pool prior to doing the swim competency. The Assessor will then complete the details. NO FORM, NO SWIM!



I certify that

completed ameter swim competently (over arm stroke)

and successfully floated forminutes on the/...../.....

Swim Time:

This is a proficiency swim for the Under.....Age Group.

The Accredited Swim Coach who witnessed and timed the above individual was:

Name:.....License Number:.....