



P.O. Box 846, Durham, NH 03824
Greatbayrowing.org

Certificate of Demonstration of Swimming Ability

Participant's Name: _____

Address: _____

Phone Number: _____

The above named individual will be participating with Great Bay Rowing. Please assist the Participant by observing them perform the swim test. Upon completion of the test, check the appropriate box based on your observation of the participant's ability, sign the certification, and return to the participant. Thank you for your assistance.

Certification by Lifeguard or Water Safety Instructor

The above named participant has demonstrated the ability to swim a distance of one hundred (100) yards, and tread water or float for a period of five (5) minutes, without the use of any floatation device and without resting on the side of the pool or on any other support. Participant was wearing clothing similar to what they would be rowing in (including shirt, socks, shorts or lycra tights).

The above named participant failed to demonstrate the ability to swim a distance of one hundred (100) yards, and tread water or float for a period of five (5) minutes.

Test performed at: _____

Date of test: _____

Lifeguard/WSI Name

Lifeguard/WSI Signature

Rower: Please check program you will be participating in:

____ Adult Learn To Row

____ Junior Learn To Row

____ Masters

____ Junior Team