

Central Connecticut Rowing

Swimming Certificate

Participant's Name: _____

Participant's Address: _____

Phone 1 : _____ Phone 2: _____

Note to Lifeguard or Water Safety Instructor

The above named rower plans to participate in the City of Middletown sponsored rowing program. Please supervise the participant as they perform the required swim test at the facility in which you work. If the above-named individual passes the swim test identified below, please sign the certification and give it to the participant to return to the head coach.

Thank you for your assistance.

Certification by Lifeguard or Water Safety Instructor

I certify that I personally observed the above named participant swim a distance of 200 yards without the aid of any propulsion device such as fins or other aids and without the use of any floatation device and without resting on the side of the pool or any other support. I also observed the named participant to tread water for 10 minutes and float for 10 minutes, likewise without aid, support or use of floatation devices.

Test performed at (name of pool): _____

Date test performed: _____

Lifeguard/WSI signature: _____

Lifeguard/WSI Name (printed): _____

American Red Cross Certification Number (if available): _____

City of Middletown, Recreation and Community Services Department

61 Durant Terrace, Middletown, CT 06457

860-638-4500