UNIT SWIM CLASSIFICATION RECORD

If completed prior to camp, an electronic copy may be forwarded to: campdirector@ocscouts.com

Troop # _____ Week of Camp: _____ Date of Test:_____

Site of Test: _____

This is the individual's official BSA Swim Classification (see Guide to Safe Scouting) as of this date. Any change in status after this date, i.e. from Non-Swimmer to Beginner or from Beginner to Swimmer, would require a reclassification test by the Camp Aquatics Director. Special Note: Whether swim tests are conducted at or away from Camp or at the point of activity, the Aquatics Director shall at all times reserve the authority to review or retest the swimming ability of any participant in Aquatics programs at Camp.

Leader should bring this sheet to Camp to present at Check-In.

		Non-Swimmer	Beginner	Swimmer
	Last Name, First Name, Middle Initial (Please Print Legibly)			

_____ _____

Name of Qualified Supervisor (Please Print) Certifying Instructor Signature Date

_____ _____

Type of Certification - Please attach a photocopy of the certification to this form. Expiration of Certification

_____

Date

_____

Unit Leader Signature