



# Woodbridge Senior High School Viking Crew Swim Test

Student Name : \_\_\_\_\_ Date: \_\_\_\_\_

I certify that at the date and location indicated below, the above named student took a swim test that included:

- 100-meter swim (any stroke, no time limit) without rest and
- 2 minutes treading water.

Place of test: \_\_\_\_\_

Circle One: **PASS**      **FAIL**

Life Guard's printed name: \_\_\_\_\_

Life Guard's signature: \_\_\_\_\_

**OR**

Alternative Proof: \_\_\_\_\_

Date of Proof: \_\_\_\_\_

Accepted by: \_\_\_\_\_

(Woodbridge Crew President or Vice-President for Administration)

*\*Alternative proof includes Red Cross Certification at the Swimmer, Junior Life Saver or Senior Life Saver Level, Boy Scout life saving or swimming merit badges, or proof of membership on a community or school swim team. Submit a letter from a person in authority or a copy of the certification.*