

Name of participant:		iMIS #	
Address:			

Swim Tests are administered by aquatic personnel. The Responsible Guider must ensure that they are familiar with the testing requirements. **OR**, proof of completion of an equivalent test (for example, Red Cross Swim Kids 5 or Lifesaving Society Swimmer 4) must be shown to the Responsible Guider.

Non-swimmer PFD Check for Boating are run by the activity facilitator, aquatic personnel or a registered member familiar with the type of boating. The Responsible Guider should ensure the testers are familiar with the testing requirements. This test is not required if the individual has passed the swim test.

Part A: Swim Test

Swim Test Standards (see additional notes in Safe Guide)

- To successfully complete the test the swimmer must: swim 50 meters, tread water for one minute.
- The test must be performed without touching a dock or the bottom in water that is no more than chest deep.
- The swimmer can swim on her front or back.
- The swimmer needs to be in a horizontal position and continuously moving forward for the swim portion of the test.
- The swimmer must tread water immediately after completing the 50 m swim.
- When treading water, the swimmer’s head must be upright and out of the water.

The participant:

- Has demonstrated** the Swim Test Standards
- Has shown proof of equivalency** (or equivalent as noted above)

Part B: Non-swimmer PFD Check for Boating

Non-swimmer PFD Check for Boating Standards (See additional notes in Safe Guide.)

Wearing a properly fitted PFD, must: swim 25 m (girls) or 75 m (adults), demonstrate the HELP position for one minute.

The participant:

- Has demonstrated** the Non-swimmer PFD Check for Boating Standards

Part C: Verification by Aquatic Personnel (for Swim Test or Non-swimmer PFD Check for Boating)

Aquatic personnel's name _____

Qualification _____ Expiry date _____

Phone number _____ Email _____

Signature _____ Date (MM/DD/YY) _____

Part D: Verification by Responsible Guider
(for completion of Swim Test for Boating or Swim Test equivalency)

Responsible Guider's name _____

Swim level completed _____ Date it was completed _____

Signature _____ Date (MM/DD/YY) _____

Responsible Guider sends this form to her iMIS input site for data entry under Training.