

# Ockanickon Scout Reservation Unit Swim Classification Record

Ockanickon Scout Reservation strongly encourages units to complete their swim tests prior to camp. Doing so can shave much time off of your unit check-in and help Scouts succeed without the pressure of the arrival at camp. Units may conduct their own, pre-camp swim classification tests under the following conditions:

1. The person conducting the swim test must be currently certified as one of the following: *BSA Aquatics Instructor, BSA Aquatics Supervisor, BSA Lifeguard or Red Cross Lifeguard*. Being an instructor for an aquatics merit badge is not sufficient.
2. The person conducting the swim test must use the following swim classifications:

**SWIMMERS TEST:** Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breast stroke, trudgen, or crawl; then swim 35 yards using an easy resting backstroke. The 100 yards must be swum continuously and include at least one sharp turn.

**BEGINNERS TEST:** Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to the starting place.

3. The names of those taking the test, their classification and date of testing must be listed on the next page. The form must also be signed and dated by the person conducting the test.
4. When swim tests are conducted away from camp or at the point of an activity, the Camp Aquatics Director shall, at all times, reserve the authority to review or retest all participants to assure that standards have been maintained.
5. Individual swim classifications are good for one year from the date of the test unless retested.

## UNIT SWIM TEST RECORD

Unit:                                  Council:                                  Week:                                  Date of Test:

Unit Leader:                                  Phone#:

Name of Person Conducting the Test:

Address of the Person Conducting the Test:

Phone #:

Certification:                                  Expiration Date:

*I certify that the persons listed on the back of this form have successfully completed the swim classification test following the above requirements*

# Ockanickon Scout Reservation Unit Swim Classification Record

Unit:

Council:

Week:

Please check applicable swim classification. Mark Scouts not present or who do not complete either swim test as Non-Swimmer.

#	Name	Non-Swimmer	Beginner	Swimmer
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