



AB Crew Swim Test

Athlete Name _____

Lifeguard or WSI please complete the following:

I certify that the above named person has passed the following swimming ability requirements in my presence without any assistance or floatation devices:

- **Swim a distance of 100 yards continuously**
- **Tread water for five minutes continuously**

Lifeguard or WSI Name: _____

Certificate Date: _____ Certificate ID: _____

Pool or Location: _____

Date of Swim Test: _____