SENECA WATERWAYS COUNCIL **BOY SCOUTS OF AMERICA**
SCOUT CAMPS

PRE-CAMP SWIM TEST RECORD

UNIT # _____ WEEK(S) ATTENDING CAMP _____
(Please print) (Please print)

SCOUTMASTER/CUBMASTER/CAMPING COORDINATOR: _____
(Please print)

CAMPERS NAME	YOUTH	ADULT	ABILITY GROUP	WSI INSTRUCTOR

N = NON-SWIMMER B = BEGINNER S = SWIMMER

WSI SIGNATURE _____

DATE OF SWIM TEST _____ LOCATION _____

A COPY OF THE WSI CERTIFICATION MUST BE ATTACHED TO THIS FORM WHEN IT IS RECEIVED AT CAMP!
IF THE WSI CERTIFICATION IS NOT ATTACHED,
ALL YOUTH AND ADULTS MUST TAKE THE SWIM TEST AGAIN AT CAMP.

NO EXCEPTIONS

10/09