



Swimming Skills Certificate

Team Name: _____ Team Number: _____

Team Captain: _____ 1st Teammate: _____

2nd Teammate: _____ 3rd Teammate: _____

Skills – Technique

Be able to swim one mile non-stop and unassisted in open water or a pool, using any kind of stroke.

In lieu of this form, completion of a triathlon or other water event that requires a swim of 1 mile or more may be used. Please send in a proof of competition in the event showing your name, event and distance.

Instructor/Agent Name	Name of Business	Life Guard Certification # if applicable	Date
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Address/State/Zip	Phone Number
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Location (waterway) skills performed on _____

Lifeguard/Instructor has witnessed the follow individuals perform the required skills listed above:

Signature

Certifies that:

Mr./Ms _____ has the skills and experience levels required.

Mr./Ms _____ has the skills and experience levels required.

Mr./Ms _____ has the skills and experience levels required.

Mr./Ms _____ has the skills and experience levels required.