PSRA Swim Test 2027

Team/School: _____

Head Coach's Name: _____

The following student-athletes have passed a swim test that requires them to swim two laps of a regulation-size pool and tread water for five minutes wearing sweat pants and a sweatshirt or clothing equivalent in bulk and weight. **Athletes who are returning team members and have previously taken the test do not have to re-take the test. However, their names must appear on the list along with the year the test was taken.**

Student Name	Student Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

The below signature and info are required.

Signed (Certified Lifeguard/Swim Instructor): _____

Date of Test:_____

Phone No: _____ Email Address: _____

(For larger rosters please duplicate this document)