



Hillsborough High School Rowing Club

SWIMMING APTITUDE TEST

P.O. Box 360302
Tampa, FL 33673

Rower Name: _____ **Date of Test:** _____

100 Meter Swim

able to swim 100 meters in any style

PASS

FAIL

rating: _____

Water Treading

able to tread water for 5 minutes

PASS

FAIL

rating: _____

Life Jacket Use

able to put on life jacket while in water

PASS

FAIL

rating: _____

Rating scale: successful adequate retest
 1 2 3 4 5

Comments:

Signatures:

Rower: _____

Test Administrator: (print name) _____

(sign name) _____

(employer or cert#) _____

Administrator must be coach or certified lifeguard. **List employer or provide proof of certification.**

I confirm that _____ is comfortable in the water and can perform the HHSRC swim test. I fully understand that HHSRC, Inc. and its agents cannot be held liable in case of an accident in the water. I also understand that all involved personnel will do everything in their power to be reasonable and prudent, and not put your child in danger.

Parent or Legal Guardian: (print name) _____

(sign name) _____

Date: _____