BOY SCOUTS OF AMERICA
TRAPPER TRAILS COUNCIL

Unit Roster & Swim Check Certification

Instructions:

- This form is to be used by units attending Boy Scout Camps, High Adventure Bases, and Treks.
- Fill out the unit contact information, and list all participants that will attend camp (youth & adults).
- The swim classification (swim check) is a key element of Safe Swim Defense & Safety Afloat. All persons participating in BSA aquatic activities will be classified according to their swimming ability. The swim check allows individuals to demonstrate the minimum level of swimming skill consistent with circumstances while in the water.
- The swim classification should be renewed annually. When swim checks are conducted away from resident camp or at the point of activity, the BSA certified aquatics director has the authority to review or retest all participants to ensure standards have been maintained.
- The swim check should take place in a maximum 12 foot depth body of water. During the swim check, the swimmer must be within 25 feet of shallow water footing or pool/pier edge.
- Administration of Swim Check: 1) Completed on the first day of resident camp by aquatics personnel, 2) Completed on the unit level and conducted by a BSA aquatics instructor, aquatics supervisor, BSA lifeguard, certified lifeguard, swimming instructor or coach.
- Complete 1 of the following:
  - ✦ Swimmer test (S):
    - Jump feet first into water over the head in depth, level off, and begin swimming.
    - Swim 75 yards in a strong manner using one or more of the following strokes: side, breast, trudgen, or crawl.
    - Swim 25 yards using the elementary back stroke.
    - The 100 yards total must be done continuously and include at least one sharp turn.
    - After completing the test, rest by floating.
  - ✦ Beginner test (B):
    - Jump feet first into water over the head in depth, level off, and begin swimming.
    - Swim 50 yards on the surface, stop, turn sharply, and resume swimming as before.

Unit # _____ Camp: _____ Camp Date: _____ District: _____

Unit Leader Name (First & Last): _____

Mailing address: _____ City: _____ State: _____

ZIP: _____ Phone: (___) _____ Email: _____

Name	Swim Classification	Name	Swim Classification
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non
	S B Non		S B Non