

# PVRC SWIMMING EVALUATION

Please complete this form if participant is under 18 or is unsure of their swimming ability.  
This form must be completed by a certified Lifeguard, Water Safety Instructor, or Swim Coach.  
The Evaluator must witness your ability to perform the following requirements and sign below.  
**Participants can submit a valid lifeguard certification in lieu of this form.**

Swimmers Name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Please circle: Lifeguard, Water Safety Instructor, Swim Coach

Location of Evaluation: \_\_\_\_\_

I certify that I personally observed the above named SWIMMER perform the above requirements.

- Swim a distance of 200 yards without resting on the side of the pool.
- Tread water for 10 minutes without resting on the side of the pool.
- Put on a life vest while in the water

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian for youth under 18:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date