## **GUELPH ROWING CLUB**HIGH SCHOOL ROWING – SAFETY PROGRAM

Athlete's Name:		
	Please Print Clearly	
A. I have viewed the F	ROWING CANADA SAFETY (R	CA) VIDEO in its entirety.
RCA Video Viewing Supervised by:		
Date Viewed:	Month - Day - Y	- Coor
	iviolitii - Day - 1	eai
B. I have completed the	ne following supervised <b>SWIM T</b> I	EST (8-10 minutes):
<ol> <li>Tread water for 5 minutes while wearing clothes (sweat shirt/pants and socks) over a bathing suit or unisuit;</li> <li>Swim 50 meters with clothes on;</li> <li>Put on a PFD while treading water;</li> <li>Get out of the water at the side of the pool without using steps or a ladder.</li> </ol>		
Assessment of swimm	ning ability:	
	OCompetent Swimmer	Ounable to Swim
Assessor's Full Name:	Please Print Cle	early
NLS# and Level:	Please Print Cle	early
Assessor's Signature:		
Swim Test Date:	Month - Day - Y	rear
and have sought clarific regarding any questions	erstand the safety procedures ou eation from GRC coaches and/or is I had about these procedures, a ig ability indicated above.	program coordinators
Athlete Signature:		
Parent/Guardian Signature:		