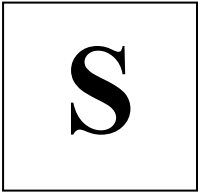


Swim Classification Form



**Scout Resident Camp**  
**Custaloga Town Scout Reservation**  
**2021**



French Creek Council, Boy Scouts of America

Camp Session #: \_\_\_\_\_ District: \_\_\_\_\_ Unit: \_\_\_\_\_

Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Swim Test: \_\_\_\_\_

I certify that a swimming classification test in accordance with the Boy Scouts of America standard was given to the individuals listed below and/or attached with the results as recorded.

|    | Full Name (Print) | Classification |          |         |
|----|-------------------|----------------|----------|---------|
|    |                   | Non-Swimmer    | Beginner | Swimmer |
| 1  |                   |                |          |         |
| 2  |                   |                |          |         |
| 3  |                   |                |          |         |
| 4  |                   |                |          |         |
| 5  |                   |                |          |         |
| 6  |                   |                |          |         |
| 7  |                   |                |          |         |
| 8  |                   |                |          |         |
| 9  |                   |                |          |         |
| 10 |                   |                |          |         |
| 11 |                   |                |          |         |
| 12 |                   |                |          |         |
| 13 |                   |                |          |         |
| 14 |                   |                |          |         |
| 15 |                   |                |          |         |
| 16 |                   |                |          |         |
| 17 |                   |                |          |         |
| 18 |                   |                |          |         |
| 19 |                   |                |          |         |
| 20 |                   |                |          |         |

Instructor – Black Out Unused lines Please.

Number of scouts tested: \_\_\_\_\_

Instructors Name (Printed) \_\_\_\_\_

Instructors Signature: \_\_\_\_\_

Scoutmaster’s Signature: \_\_\_\_\_

A copy of the Instructor’s Certification MUST be attached to this form.  
 The Aquatics Staff at Custaloga Town Scout Reservation has the right to re-test any individual.

**BSA Swimming Classification Standards**

**Non-swimmer:** (white) - has not passed a swimming test.

**Beginner:** (red) – must pass this test: jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to the starting point.

**Swimmer:** (blue) – must pass this test: jump feet first into water over the head in depth, level off, swim 75 yards in a strong manner using one or more of the following strokes; sidestroke, breaststroke, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be completed in one swim without stops and must include at least one sharp turn. Complete the test by floating at rest.