WJ CREW SWIM TEST

Student Name:_____

Grade:_____

Examiner's name:_____

Date:_____

Tread Water: 2minutes Pass_____ Fail_____

100 Meter Swim (any stroke, no time limit) Pass_____ Fail_____

Examiner's signature:_____

Examiner must be officially designated by team authority. It cannot be the student's parent.