

SWIM TEST AUTHORIZATION

POOL _____ DATE _____

DEPENDENT'S NAME _____ DOB _____ AGE _____
LAST FIRST

HOME PHONE NUMBER _____ WORK _____

LIVING QUARTERS' ADDRESS _____

MEDICATION (IF TAKING ANY) _____

I, _____, authorize the Marine Corps Community Services (MCCS) aquatic personnel to test my child's swimming ability. If they approve, my child will be allowed to swim in all of the MCCS pools according to the regulations listed below:

The swim test and requirements will consist of the following: (Ages 12-15 may request the test themselves)

1. Anyone 15 years of age and under.
2. 25-meter swim, without swimming aids and with a productive, recognizable swimming stroke: freestyle (front crawl) or breaststroke. Doggy paddling, elementary backstroke, and underwater swimming are not allowed. 2 minutes of treading water will follow.
3. If the swimmer passes the test, he/she will receive a swim card with his/her name on it. **Each time he/she comes to use an aquatic facility the swimmer must show his/her ID card (if over 10), and show the swim card for a bracelet to be worn at all times in the pool area.**
4. Any swimmer, 15 & under, who does not pass the swim test must be accompanied by a parent or guardian to the facility and must have a parent or guardian within arm's reach of them at all times. Any swimmer 10 or older who has passed the test may be left unattended at the pool and may swim anywhere in the pool without the parent or guardian being with him/her.
5. Any swimmer 9 & under who has passed the test must have a parent or guardian accompany him/her to the pool, but may enter and swim anywhere in the pool without the parent or guardian being with him/her. **Parents are strongly encouraged to maintain observation of the child.**
6. Swimmers under 16 must have a bracelet to be allowed to use the diving board and slide. No one under 16 who has not passed the swim test may use the diving board or slide.
7. Swimmers must re-test every year.

NOTE: If the child in question, age 10-15 years of age, cannot pass the test for the swim card, he/she may **not** be left unattended at the facility.

_____/_____/_____
REQUESTER'S SIGNATURE / (DATE) WSI/ TESTERS SIGNATURE / (DATE)

Ref: MCO 1700.29

