



Name of participant:		iMIS #	
Address:			

Swim Tests are administered by aquatic personnel. The Responsible Guider must ensure that they are familiar with the testing requirements. OR, proof of completion of an equivalent test (for example, Red Cross Swim Kids 5 or Lifesaving Society Swimmer 4) must be shown to the responsible Guider.

Swim Tests for Boating are run by the activity facilitator, aquatic personnel or a registered member familiar with the type of boating. The Responsible Guider should ensure the testers are familiar with the testing requirements.

**Part A: Swim Test**

Swim Test Standards (see additional notes in Safe Guide)

- To successfully complete the test the swimmer must: swim 50 meters, tread water for one minute.
- The test must be performed without touching a dock or the bottom in water that is no more than chest deep.
- The swimmer can swim on her front or back.
- The swimmer needs to be in a horizontal position and continuously moving forward for the swim portion of the test.
- The swimmer must tread water immediately after completing the 50 m swim.
- When treading water, the swimmer's head must be upright and out of the water.

The participant:

- Has demonstrated** the Swim Test Standards
- Has shown proof of equivalency** (or equivalent as noted above)

**Part B: Swim Tests for Boating**

Swim Test for Boating Standards (See additional notes in Safe Guide.)

Wearing a properly fitted PFD, must: swim 25 m (girls) or 75 m (adults), demonstrate the HELP position for one minute.

The participant:

- Has demonstrated** the Swim Test for Boating Standards

**Part C: Verification by Aquatic Personnel (for Swim Test or Swim Test for Boating)**

Aquatic personnel's name \_\_\_\_\_

Qualification \_\_\_\_\_ Expiry date \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

**Part D: Verification by Responsible Guider**  
(for completion of Swim Test for Boating or Swim Test equivalency)

Responsible Guider's name \_\_\_\_\_

Swim level completed \_\_\_\_\_ Date it was completed \_\_\_\_\_

Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

**Responsible Guider sends this form to her iMIS input site for data entry under Training.**

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