

1317 Hildreth Drive P.O. Box 150098 Nashville, Tennessee 37215 (615)-665-0090

## **Swim Test Documentation**

Name:	Gender: M/F Date of birth:
Address:	
Parent/guardian:	Phone #:
Swim Tea	st
Date administered: Me	OD:
<ul> <li>□ Completed - Swim 25 yard length of pool withou</li> <li>□ Completed - 1 minute treading water in deep end</li> <li>□ Completed - jumping off boards and making it to</li> <li>□ Completed - jumping into pool and pushing off b</li> <li>□ Completed - rules review with manager</li> </ul>	d side with no assistance
Test Results: Pass/Fail	Notes:
Swimmer:	
I understand all of the rules of the club and promise to	follow them.
Signature:	Date:
Parent/Guardian:	
I,, hereby au to use the Seven Hills pool facility and diving well. I ha	
Signature:	Date:
Family Information Form on File:YES or NO *This docum	nent must be on file at the front desk.
	Date:

Manager Signature