



Attention Parent/Guardian: Please fill out the following form and submit to Schooner by fax (203.624.8816), email (manager@schoonerinc.org), or by mail to 60 South Water St., New Haven, CT 06519.

Swim Test Release Form

I, _____ as parent/guardian to _____ do hereby attest to the swimming abilities of the above mentioned child participating in the Sail New Haven Sailing program. This is to ensure the participants will not panic, and will feel comfortable in deep waters, however will not necessarily mean they are excellent swimmers. In addition, during programs all campers will be wearing Personal Floatation Devices (PFD's) **anytime** they are near the water.

Minimum requirements include:

- Can swim at least 50 yards (any stroke)
- Can float on back for 30 seconds
- Can tread water for 30 seconds
- Can jump into deep water, surface and swim 25 yards
- Can put face into water, picking up head and open eyes without goggles.

Printed Name

Signature of Parent/Guardian

Date