

# ARLINGTON ROWING ASSOCIATION

## Fall Crew 2010

### Swimming Certification

**PLEASE PRINT ALL INFORMATION LEGIBLY**

Rower's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work)

I hereby certify that my son or daughter, named above, has the ability to:

1. Swim with confidence for a distance of at least one hundred (100) yards, and
2. Tread water for a period of at least five (5) minutes.
3. Put on a personal flotation device while treading water.

Name of parent or guardian: \_\_\_\_\_  
Please print first and last name

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED TO YOUR COACH BEFORE YOU WILL BE ALLOWED TO ROW.**