

Swim Test Requirement

If you rowed with us in the past, you DO NOT NEED to do another swim test. However, if you are joining us for the first time, you must take a swim test, or submit a copy of a completed swim test from another program. If you have already submitted a swim test form to Friends of Milton Crew for a previous season, please check the box and sign below and proceed to the next part of the registration form.

I already have a swim test on file with FOMC. I understand that if there is no form on file, I will NOT be able to row until one is provided.

You may take the test at ANY pool with a certified lifeguard but we suggest the Thomas M. Menino YMCA in Hyde Park on 1137 River Street; the phone number is (617) 361-2300. Please call first to check availability.

You will need to bring to the pool: 1) this form; 2) a long-sleeve T-shirt; and 3) a swimsuit.

Participant name: _____

This section to be completed by Lifeguard Observer

Observer name: _____

Observer title: _____

Pool name and location: _____

Test Sequence (check when successfully completed):

Wearing long sleeve shirt,
swim 100 yards

Tread water for 1 minute

While treading water, remove
shirt, and continue treading 4
additional minutes

Observer's Certification

I hereby certify that _____ (participant name) has successfully completed each step of this Swim Test.

Observer signature: _____ Date: ____ / ____ / _____

Medical Release Form

As parent or legal guardian of _____ (child's name),
I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or
Doctor of Dentistry.

This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my
dependent. I further agree that a copy or facsimile of this form shall be acceptable for emergency use.

Parent name (print): _____

Parent signature: _____ Date: ____ / ____ / ____

Emergency Contact Numbers:

Insurance Information

Name of insurance company: _____

Insurance ID number: _____

Name of insurance holder: _____

Date of birth of insurance holder: ____ / ____ / ____

Child's name: _____

Child's date of birth: ____ / ____ / ____

Please list any allergies or notable medical conditions:

If the rower has a food allergy, does it require that any foods be banned from the food tent? What foods?
