



# UNIVERSITY of NORTH TEXAS

## Wake Club Swim Test Form

NAME \_\_\_\_\_ DATE \_\_\_\_\_

This person has passed the following swim tests:

Five Minute Treading Water Test \_\_\_\_ 50 Yard Swimming Test \_\_\_\_ Date \_\_\_\_\_

Lifeguard Name \_\_\_\_\_ Lifeguard Signature \_\_\_\_\_

(Please Print)

Sport Club Assistant Director \_\_\_\_\_

Date \_\_\_\_\_