



SWIM TEST AUTHORIZATION



Sponsor's Last Name: _____ Sponsor's First Name: _____
Branch: _____ Rank: _____ Unit/Org: _____ Spouse
Name: _____ PSC Mailing Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Work Phone: _____
E-mail: _____ Sponsor's Cell Phone: _____
Spouse's Cell Phone: _____ Emergency Point of Contact
Name: _____ Emergency POC Phone: _____

Swimmers Last Name: _____ First Name: _____ Sex: _____
Date of Birth: _____ Age: _____ Medical Concerns: _____

===== BELOW FOR STAFF USE =====			
ORANGE (Under 12 yrs. old)	Pass Date:	Staff Tester Name:	Initial:
GREEN (12-15 - ID CARD)	Pass Date:	Staff Tester Name:	Initial:

Swimmers Last Name: _____ First Name: _____ Sex: _____
Date of Birth: _____ Age: _____ Medical Concerns: _____

===== BELOW FOR STAFF USE =====			
ORANGE (Under 12 yrs. old)	Pass Date:	Staff Tester Name:	Initial:
GREEN (12-15 - ID CARD)	Pass Date:	Staff Tester Name:	Initial:

Swimmers Last Name: _____ First Name: _____ Sex: _____
Date of Birth: _____ Age: _____ Medical Concerns: _____

===== BELOW FOR STAFF USE =====			
ORANGE (Under 12 yrs. old)	Pass Date:	Staff Tester Name:	Initial:
GREEN (12-15 - ID CARD)	Pass Date:	Staff Tester Name:	Initial:

Swimmers Last Name: _____ First Name: _____ Sex: _____
Date of Birth: _____ Age: _____ Medical Concerns: _____

===== BELOW FOR STAFF USE =====			
ORANGE (Under 12 yrs. old)	Pass Date:	Staff Tester Name:	Initial:
GREEN (12-15 - ID CARD)	Pass Date:	Staff Tester Name:	Initial:

***** PLEASE READ AND SIGN BELOW *****

I, Sponsor/Legal Guardian, authorize the Marine Corps Community Services (MCCS) personnel to test the above named person (or person's) swimming abilities. I understand that once he/she/they pass the MCCS swim test, he/she/ they will be allowed to swim at any MCCS aquatic facility according to MCCS guidelines and regulations. This swim test must be retaken annually, on or after the first day of the year. MCCS Aquatics retains the right to retest children if the lifeguard staff believes that the child's swimming abilities have diminished beyond the minimum required level.

- Power of Attorney Policy: In order for a person to register a participant(s) that is not legally their own dependant, that person must show a Power of Attorney or Special Power of Attorney annotating the participant(s) name, signed by the parent/ legal guardian.
- Medical Care Authorization: I hereby authorize the above named participant(s) to receive emergency medical treatment whenever deemed necessary at any US Military Medical Facility or any other medical facility when a US Medical Facility is not available.
- In consideration for receiving permission to participate in this test, program, class, or event, I shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, the Marine Corps Community Service (MCCS), and all sponsors, medical support and any other individuals or entities connected in any way with this test, program, class, or event from any and all claims for damages, death, personal injury or property damage and/or litigation costs/attorneys' fees, arising from or contributing to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my participation in this test, program, class, or event. I verify that I have full knowledge of the rigors of this test, program, class, or event and the risks involved in participation, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, over-exertion, sun or heat stroke, cold injuries, hypothermia, drowning (if a water program, class, or event), and any other injuries related to this test, program, class, or event. I assert that the above named are physically fit and have sufficiently trained to complete this test, program, class, or event. I realize medical support for this program, class, or event will consist primarily of first-aid type assistance, perhaps by volunteer laypersons. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the below-named persons or entities and any individuals in any way connected with this test, program, class, or event.
- I further agree to have the above named participants in this test, program, class, or event videotaped and photographed, and I hereby waive and release all rights to said videotapes and photographs to MCCS for its exclusive use in publicity for and/or illustration of MCCS tests, programs, classes, or events. I agree to abide by all decisions of MCCS and its designated officials. I have read and understand the contents of this Liability & Publicity Release.

NOTE: Anyone under the age of 16 that does not pass the swim tests must remain within arm's reach of an adult or designated guardian (16 or older) and the adult or designated guardian (16 or older) must be in the water whenever the child is in the water.

PARENT/SPONSOR/GUARDIAN MUST STAY AWAY FROM THE POOL / BE UNINVOLVED WITH THE SWIM TEST

Sponsor/Legal Guardian's Signature: _____ Date: _____

Under 12 years of age.

- **The designated adult/guardian (16 or older) must be present in the facility at all times and must be able to make visual, face-to-face contact periodically regardless of child's swimming ability.**

No Bracelet

1. Unable to pass test.
2. If the child is in shallow water, the adult/guardian must be in the water.
3. The child must be within an arm's length (touching distance) of their designated adult/guardian.
4. The child is not allowed in deep water with or without an adult/guardian.

Orange Level

1. Complete a 25 meter swim, without swimming aids, without parental involvement, and with a productive, recognizable swimming stroke. Dog paddle or underwater swimming is not allowed.
2. One minute treading water or floating without swimming aids and without parental involvement. Child must demonstrate that they are able to tread or float with their face out of the water.
3. If the child passes the test, he/she will receive an orange bracelet and may swim anywhere in the pool without the designated adult/guardian in the water.
4. The adult/guardian must remain in the facility and must keep constant supervision over the child, visually making face-to-face contact periodically.

12 to 15 years of age.

- **All ages must possess his/her Military ID card at the time of the swim test.**

No Bracelet

1. Unable to pass test.
2. If the child is in shallow water, the adult/guardian must be in the water.
3. The child must be within an arm's length (touching distance) of their designated adult/guardian.
4. The child is not allowed in deep water with or without an adult/guardian.

Green Level

1. Complete a 25 meter swim, without swimming aids, without parental involvement, and with a productive, recognizable swimming stroke. Dog paddle or underwater swimming is not allowed.
2. One minute treading water or floating without swimming aids and without parental involvement. Child must demonstrate that they are able to tread or float with their face out of the water.
3. If the child passes the test, he/she will receive a green bracelet and may swim anywhere in the pool without the designated adult/guardian entering the water.
4. 12 to 13 years of age: the designated adult/guardian is not required to be present in the facility, but must make visual, face-to-face contact periodically.
5. 14 to 15 years of age: the designated adult/guardian is not required to be in the facility, but must make visual or telephonic contact periodically.

16 to 17 years of age.

1. No test is required.
2. No swim band will be issued.
3. Swimmer may swim anywhere in the pool.
4. Swimmer does not require a parent/guardian to be present in the facility.

18 years of age and older.

1. No test is required and no swim band will be issued.
2. Swimmer may swim anywhere in the pool.