



CALIFORNIA JUNIOR LIFEGUARD PROGRAMS INC. PO BOX 1639 HUNTINGTON BEACH, CA 92647-1639
PHONE (714) 901-9030 CAJG@jrlifeguards.com FAX (714) 901-9050

OFF-SITE TESTING FORM

PARTICIPANT INSTRUCTIONS:

- 1: Fill out the participant information below.
- 2: Take this form to any swim instructor, lifeguard, or community pool director.
- 3: Have them fill out the instructor areas below and administer the test.
- 4: Return the completed form along with your application and deposit to:
 California Junior Lifeguard Programs
 P. O. Box 1639
 Huntington Beach, CA 92647-1639

ADMINISTRATOR INSTRUCTIONS:

- 1: Fill out the Instructor/Administrator information below.
- 2: Check that you are testing the correct individual.
- 3: Administer the following test:
 - A: The participant must be able to swim 100 yards in 2 ½ minutes or less. They may use any stroke desired and may use the wall to rest and/or push off. No fins or other swimming assistance device is permitted.
 - B: Tread water for five (5) minutes without touching the sides or bottom of pool
 - C: Swim underwater for 10 yards (30 feet) without stopping for additional breaths.
- 4: Sign and return completed form to participant.

PARTICIPANTS INFORMATION:

NAME: _____ **PHONE:** _____
 First Middle Last

PARENTS NAME: _____

INSTRUCTOR/ADMINISTRATOR INFORMATION:

TESTING FACILITY: _____ **PHONE:** _____

ADDRESS: _____

COACH/INSTRUCTOR: _____ **TITLE:** _____

TEST RESULTS:

- | | |
|---------------------------------|--------------|
| 1: 100 YARD SWIM | TIME: _____: |
| 2: UNDERWATER SWIM (10 YARDS) | PASS / FAIL |
| 3: TREAD WATER TEST (5 MINUTES) | PASS / FAIL |

CERTIFICATION:

I certify that I have administered the above test of swimming abilities to the above listed individual, as per the instructions above.

TESTERS SIGNATURE: _____ **DATE:** _____