

SLRC SWIMMING SKILLS AFFIDAVIT

I verify that I am physically fit and able to participate in the St. Louis Rowing Club program. With respect to any portion of the Program that involves being on or near the water (e.g., river, lakes, etc.), I verify that I am able to:

- Tread water for 5 minutes (wearing T-shirt and shorts)
- Put on a life jacket while treading water (if available)
- Swim 100 yards continuously, any stroke, without touching the bottom or using any support

Printed Name of Participant:

Address: _____

Phone: _____

E-mail: _____

Date: _____ Participant's Signature: _____

Parent/Guardian Signature (only if participant is under the age of 18):

Printed Name of Parent/Guardian:
