



Gower Deep Water Swim Test

**This form must be signed and given to the guard
BEFORE the test may be administered.**

Child's Name: _____ Birth Date: _____

Parental Permission:

I, _____, hereby give permission for my child, _____, to take part in a deep-water swim test. This test will be administered according to the Rules and Regulations of Gower Pool, Inc. I understand that this test will be administered by a certified lifeguard and by passing the test my child will be allowed to use the Gower Pool without my supervision.

Parent Signature: _____ Date: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Certification:

I, _____, (lifeguard) certify that the above mentioned child was administered the deep-water swim test and satisfactorily passed the test.

Lifeguard Signature: _____ Date: _____