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Pre-Camp Swim Test

I certify that the scouts and leaders listed below completed the BSA Swim test according to the Safe Swim Defense Program prior to our arrival at camp.

Troop _____ **Scoutmaster** _____

Date of Swim Check _____ **Certifying Lifeguard** _____

Type of Certification _____ **Exp. Date** _____

Scouts Name	Non-Swimmer	Beginner	Swimmer

Submit this form prior to your arrival at summer camp.