

Swimmer Ability Form

Name: _____

Birth Date: _____

Charter Date: _____

Please check your swimming ability

- Non-swimmer: not able to swim 50 continuous feet without dog-paddling or interrupting a stroke to stand in the water, or both.
- Beginner: able to jump feet first into water over the head in depth, level off, and begin swimming. Capable of swimming 50 continuous feet, including a sharp turn to return to the starting place.
- Swimmer: able to jump feet first into water over the head in depth, level off, and begin swimming. Capable of swimming 100 continuous yards in a strong manner using more than one stroke, including 25 yards using an easy, resting backstroke. After the 100 yard swim, must be able to rest by floating.

Please verify you understand the following:

- I understand and acknowledge that water activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such water activities.
- I have filled out this form to the best of my abilities

Signature: _____ Date: _____

Once completed please send to lexi@annexbvi.com and copy captain@annexbvi.com as well.