

BYC Sail Training Program

Swim Check Policy

All first-time participants in BYC STP must pass the BYC Swim Check in order to participate in any STP activity. Families must make arrangements for children to take the swim check prior to participation. Students who arrive on the first day of STP without having successfully completed the swim check will not be allowed to participate and parents will be notified. No refunds will be given for class time missed as a result of failure to complete the swim check. Returning students who have completed the swim check and participated in STP during a previous year do not have to retake the swim check.

In order to minimize disruption during periods of peak pool use, the swim check will be offered only during scheduled times. These dates and times will be communicated in advance to the membership and posted on the BYC calendar.

Participants must present a copy of this form to the BYC lifeguard. The lifeguard will administer the swim check, then sign and collect the form if appropriate.

The BYC STP Swim Check consists of the following procedure:

- For Sailors **8 years old and older**
 1. Jump into the deep end of the pool
 2. Swim the length of the pool and back using any stroke.
 3. Remove PFD while still in the water and not touching any walls. PFD used should be the same one the sailor intends to use for STP activities.
 4. Tread water for one minute.
 5. Put the PFD back on while still in the water and not touching any walls.
- For Sailors **under the age of 8 years old**
 1. Jump into the deep end of the pool with sailing shoes, and life jacket.
 2. Swim the length of the pool and back with life jacket on.
 3. Float comfortably in the water for one minute with lifejacket on.

The lifeguard may provide verbal coaching and instruction, but the participant must complete the swim check with no physical assistance.

Sailor Name: _____ Sailor Age: _____

This participant has successfully completed the BYC STP Swim Check according to the procedure listed above.

Lifeguard Signature: _____ Date of Check: _____
Lifeguard Name: _____

NOTE TO BYC POOL STAFF: When participants successfully complete the swim check please collect this form and return all completed swim check records to the BYC main office at the end of the day.