

Billerica Recreation Department
 248 Boston Rd, Billerica MA 01821
 Phone: 978-671-0921
www.BillericaRec.com

2022 Summer Programs Swim and Fit Test Documentation Form

Name of Child: _____

Date of Birth: _____ Age(as of 6/27/22): _____

I, (parent or guardian name) _____ understand that all regulations for all beachfront activities at Billerica Recreation summer programs are governed by Christians Law, Massachusetts General Law c. 111, s 127A1/2.

As such, I, (initial ONE):

_____ I **DO NOT** authorize my child to participate in beachfront swimming activities at any and all BRD summer programs.

_____ I **DO** authorize my child to participate in beachfront swimming activities at any and all BRD summer programs.

If you DO authorize your child to participate in swimming activities (initial ONE):

_____ I **do not** want my child to be swim tested AND/OR we **missed the opportunity** to swim test before my child's program. I understand that they will be **required** to wear a wrist band and a PFD at all times near the water.

_____ I give permission for my child to be swim tested without a PFD at Micozzi Beach by BRD lifeguards. I understand that my child must pass all Red Cross Level 3 swim test requirements to be permitted to swim without a PFD at any BRD summer programs.

_____ If my child is required to wear a PFD for swimming activities, I will (Check one):

_____ provide my own Coast Guard Approved Type 3 PFD

_____ Allow my child to use a Coast Guard Approved Type 3 PFD provided by the Billerica Recreation Department

Parent/Guardian Signature: _____ Date: _____

SWIM TEST		FIT TEST	
Name and Age of Child:			
Date:		PFD Provided by Parent? (circle) Yes / No	
Swim Level:		PFD Required Per Swim Test? (circle) Yes / No	
Swim Test Location:		Type of PFD:	Size of PFD:
CSI or Swim Assessor - Print NAME:		Individual conducting Fit Test - Print NAME:	

