



CITY OF PEABODY
RECREATION, PARK and FORESTRY DEPARTMENT
50 FARM AVENUE, PEABODY, MA 01960
(978) 536-7130
peabodyrecreation@gmail.com



PEABODY RECREATION DEPARTMENT
Swim Tests and PFD Acknowledgement

-- CHRISTIAN'S LAW DISCLAIMER---

A Massachusetts General Law (M.G.L.) c. 111, §127A½, commonly referred to as "Christian's Law", and the Massachusetts Department of Public Health's (Department) issued guidance on Christian's Law, the Department has promulgated regulation 105 CMR 432.000: "Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps", effective May 5, 2017.

Peabody Recreation is committed to providing a safe and enjoyable aquatic experience for everyone. **All participants** registering for any program that will be in and around open water will be required to submit a swimming test **prior** to participating in the program. Children who cannot pass the swim test will be required to wear a USCG Approved Personal Flotation Device (PFD) will be supervised in water by an adult within arm's reach.
Thank you for your understanding and cooperation.

I understand in accordance with the regulations, swim tests shall be conducted or overseen by a trained Certified Swim Instructor (CSI) that holds appropriate certifications from a nationally recognized swim instructor program, such as the American Red Cross (ARC) or the YMCA, and testing will not be conducted by Peabody Recreation.

Yes

I understand if my child does not pass the administered swim test, s/he will be classified as an 'at-risk swimmer' or 'non-swimmer' and s/he must wear a PFD into open water of beach field trips. If s/he refuses, opts out of, or does not want to wear a PFD, s/he will not be allowed to swim.

Yes

I understand Personal Flotation Devices (PFDs) provided by a parent or guardian need to be U.S. Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy, in serviceable condition and properly fitted to each individual prior to being used for the first time. The PFD provided must be labeled with the swimmers name and an emergency phone number. The PFD must not have inflatable parts.

Yes

I understand if, at any time, the PFD provided by a parent or guardian is determined to not be properly fitting the swimmer, or is damaged or otherwise not in serviceable condition Peabody Recreation shall immediately notify the parent or legal guardian who provided the PFD. In such case, the minor shall not be allowed to participate in any swimming/bathing activity pending verbal permission from the parent/legal guardian for the minor to be properly fit tested for a PFD provided by the municipal or recreational program or camp. Any verbal permission shall be subsequently documented in writing within 24 hours, and, at a minimum, provide the date, time, number (if applicable) and name of the parent/guardian who provided permission.

Yes

Parent/Guardian Signature

Participant Name (Please Print)

Date



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Peabody Recreation Swim Test Form

This is to verify that _____ has been evaluated by an American Red Cross Water Safety Instructor (WSI) certified instructor/lifeguard for their swimming ability.

In concordance with Red Cross Level 3 swimmer requirements or the YMCA minnow, this individual has successfully demonstrated the ability to, in succession and without leaving the pool or touching the bottom:

1. Jump into chest deep water from the side of the pool

Pass without reservation

Pass with reservation, please explain

 Did not pass

2. Swim 25 yards using (individually or in combination) the crawl stroke and breast stroke with satisfactory form

Pass without reservation

Pass with reservation, please explain

 Did not pass

3. Maintain position by floating or treading water for one minute

Pass without reservation

Pass with reservation, please explain

 Did not pass

4. Swim 15 yards using (individually or in combination) any backwards stroke with satisfactory form

Pass without reservation

Pass with reservation, please explain

 Did not pass

Today's Date: _____

Testing Instructor (please print name): _____

Instructor Signature: _____

Name of Organization Performing Testing: _____

Organization Phone Number: _____