TORONTO CATHOLIC DISTRICT SCHOOL BOARD

Student Participation Checklist for Water Related Activities

SCHOOL		**FACILITY NAME**	
PRINCIPAL		**ADDRESS**	
TEACHER		**INSTRUCTOR NAME**	
CLASS/ GRADE		**LIFESAVING SOCIETY ID #**	
DATE		**TELEPHONE #**	

STUDENT NAME	**DID NOT PASS SWIM TEST**	**PASS SWIM TEST** OPASSE / Lifesaving Society Swim to Survive Standard Valid within the school year that the activity takes place	**Has CURRENT** (within 24 months of certification date) **Bronze Medallion or Higher** (copy attached)