



# Swim Report

Pool | Beach | Splash Pad | Waterpark

Aquatic Supervisors: this form must be completed for every aquatic trip. Form is due to summer program director within one week of aquatic trip.

Date: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Aquatic Supervisor Full Name: \_\_\_\_\_

Aquatic Location: \_\_\_\_\_ Aquatic Session time: \_\_\_\_ : \_\_\_\_ to \_\_\_\_ : \_\_\_\_

## Documentation of Buddy Checks

(Buddy checks must be completed at least every 20 minutes. Document all buddy checks here.)

Check #1	Check #2	Check #3	Check #4
Time:	Time:	Time:	Time:
Length:	Length:	Length:	Length:
# of campers:	# of campers:	# of campers:	# of campers:
# of staff:	# of staff:	# of staff:	# of staff:

**Additional Comments or Concerns:** complete back side of form after swim trip is complete.

**Additional Comments or Concerns:** complete this side of the form when the swim trip is completed.

Comments/concerns regarding facility conditions or procedures:

Comments/concerns regarding WYC staff:

Comments/concerns regarding specific campers:

Comments/concerns regards general safety: