



BMD NORTHCLIFFE SURF CLUB

Junior Activities Preliminary Pool Evaluation Endorsement 2016/17

Name of child/children & DOB: 1.....
 2.....
 3.....
 4.....

I have witnessed the above child/children complete the Preliminary Pool Evaluation to the following standard:

AGE GROUP (Please Tick)	SWIM	FLOAT	Float (C/NYC)	Pool Swim Time
Under 6	Kick on the wall – face in the water	30 sec		
Under 7	Torpedo (push off the wall) face in the water	30 sec		
Under 8	25 metres (freestyle)	1 min		
Under 9	50 metres (freestyle)	1 min		
Under 10	100 metres (freestyle)	1.5 min		
Under 11	100 metres (freestyle)	2 min		
Under 12	200 metres (freestyle)	2 min		
Under 13	300 metres (freestyle)	3 min		
Under 14	400 metres (freestyle) less than 9 mins Or 200 metres (freestyle) in less than 5 mins (non-competitive)	3 min		

* C = Competent, NYC = No Yet Competent

Age groups determined by age of September 30th 2016.

Eg if age 8 on Sept 30th = U9s. If turns age 8 on Oct 1st = U8s

I am aware that the information contained on this form will be used as formal proficiency testing information for Surf Life Saving Queensland Junior Activities Programs and any inaccurate recordings could result in a potentially dangerous situation for the named child, Surf Life Saving Club, and Surf Life Saving Queensland. I confirm the above information is recorded as true and accurate. I understand that I must provide proof of my CURRENT accreditation for the award to be processed. I have attached and/or supplied a photocopy of my current:

- Bronze Accredited Swim Coach #.....
- Surf Coach Accreditation #.....
- AUSTSWIM Instructor Accreditation #.....

Signed:
 Name:.....
 Date:

Attach a photocopy of your swim coach accreditation here