



BMD NORTHCLIFFE SURF CLUB

Junior Activities Preliminary Pool Evaluation Endorsement 2017/18

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	DOB	SWIM	SWIM (C/NYC)	FLOAT	FLOAT (C/NYC)
U6	1 st Oct 11 to 30 th Sept 12	Kick on the wall - face in water		30 sec	
U7	1 st Oct 10 to 30 th Sept 11	Torpedo off wall – head in water		30 sec	
U8	1 st Oct 09 to 30 th Sept 10	25 m freestyle		1 min	
U9	1 st Oct 08 to 30 th Sept 09	50 m freestyle		1 min	
U10	1 st Oct 07 to 30 th Sept 08	100 m freestyle		1.5 min	
U11	1 st Oct 06 to 30 th Sept 07	100 m freestyle		2 min	
U12	1 st Oct 05 to 30 th Sept 06	200 m freestyle		2 min	
U13	1 st Oct 04 to 30 th Sept 05	300 m freestyle		3 min	
U14	1 st Oct 03 to 30 th Sept 04	400 m freestyle < 9 mins (comp) Or 200 m freestyle < 5 mins (non comp)		3 min	Pool time

* C = Competent, NYC = No Yet Competent

Age groups determined by age on September 30th 2017. Eg if 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 :

Attached a copy of your current accreditation here