



Nipper Pool Swim Competency Form

Members Name: _____

Members Date of Birth: _____ Age Group: _____

Location that Pool Swim was conducted: _____

I certify that the member named above completed a _____ meter pool swim competency and successfully floated for _____ minutes.

Assessor / Swim Coach Name (please print): _____

Assessor / Swim Coach Signature: _____

Assessor No. / Accreditation no.: _____ Date: _____

<u>AGE</u>	<u>SWIM</u>	<u>SURVIVAL FLOAT</u>
Under 8	25 metre swim any stroke	1 min. survival float
Under 9	25 metre swim any stroke	1 min. survival float
Under 10	25 metre swim freestyle	1.5 min survival float
Under 11	50 metre swim freestyle	2 min survival float
Under 12	100 metre swim freestyle	2 min survival float
Under 13	150 metre swim freestyle – 5min	3 min survival float
Under 14	200 metre swim (freestyle, in 5min or less)	3 min survival float

Age as @ 30th September 2010

U8	01/10/2002	to	30/09/2003
U9	01/10/2001	to	30/09/2002
U10	01/10/2000	to	30/09/2001
U11	01/10/1999	to	30/09/2000
U12	01/10/1998	to	30/09/1999
U13	01/10/1997	to	30/09/1998
U14	01/10/1996	to	30/09/1997