



## Junior Activities Pool Evaluation Endorsement Form

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age Group: \_\_\_\_\_

I \_\_\_\_\_ have witnessed the above child complete the Preliminary Pool Evaluation to the following standard:

AGE GROUP	SWIM	FLOAT	C / NYC
Under 6	Kick on wall with face in water 6 metre swim	30 seconds	
Under 7	Torpedo (push off wall) with face in water 12 metre swim	30 seconds	
Under 8	25 metre swim (freestyle)	1 minute	
Under 9	50 metre swim (freestyle)	1 minute	
Under 10	50 metre swim (freestyle)	1.5 minute	
Under 11	100 metre swim (freestyle)	2 minute	
Under 12	100 metre swim (freestyle)	2 minute	
Under 13	150 metre swim (freestyle)	3 minutes	
Under 14	200 metre (freestyle) in less than 5 mins	3 minutes	

### Age Groups (as at 30<sup>th</sup> September 2018)

**U6** 01/10/2012 to 30/09/2013      **U11** 01/10/2007 to 30/09/2008  
**U7** 01/10/2011 to 30/09/2012      **U12** 01/10/2006 to 30/09/2007  
**U8** 01/10/2010 to 30/09/2011      **U13** 01/10/2005 to 30/09/2006  
**U9** 01/10/2009 to 30/09/2010      **U14** 01/10/2004 to 30/09/2005  
**U10** 01/10/2008 to 30/09/2009

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 names 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.

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

Assessor / Swim Coach Name: \_\_\_\_\_



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