

MOOLOOLABA NIPPERS



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 30th September 2021)

- | | | |
|------------|--------------------------|-----------------|
| U6 | 01/10/2015 to 30/09/2016 | Green Caps |
| U7 | 01/10/2014 to 30/09/2015 | Green Caps |
| U8 | 01/10/2013 to 30/09/2014 | Aqua Caps |
| U9 | 01/10/2012 to 30/09/2013 | Gold Caps |
| U10 | 01/10/2011 to 30/09/2012 | Purple Caps |
| U11 | 01/10/2010 to 30/09/2011 | Dark Green Caps |
| U12 | 01/10/2009 to 30/09/2010 | Dark Blue Caps |
| U13 | 01/10/2008 to 30/09/2009 | Red Caps |
| U14 | 01/10/2007 to 30/09/2008 | Cadets |

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: _____

Assessor No. / AUSTRALIAN SWIM Accreditation No.: _____