

# 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 the wall - face in the water	30 seconds	
Under 7	Torpedo (push off wall) face in the water	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 2022)

- U6** 01/10/2016 to 30/09/2017 Pink Caps
- U7** 01/10/2015 to 30/09/2016 Fluro Green Caps
- U8** 01/10/2014 to 30/09/2015 Red Caps
- U9** 01/10/2013 to 30/09/2014 Aqua Caps
- U10** 01/10/2012 to 30/09/2013 Gold Caps
- U11** 01/10/2011 to 30/09/2012 Purple Caps
- U12** 01/10/2010 to 30/09/2011 Dark Green Caps
- U13** 01/10/2009 to 30/09/2010 Dark Blue Caps
- U14** 01/10/2008 to 30/09/2009 Cadets - Club Caps

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. / AUSTSWIM Accreditation No.:** \_\_\_\_\_