



Junior Activities Preliminary Pool Evaluation

2016/17 pool evaluation MUST be submitted with membership

Please note - no Nipper membership application will be processed without a completed and signed Junior Activities Preliminary Pool Evaluation. Pool proficiencies are to be assessed, timed and signed by a Bronze Accredited Swim Coach; or SLSA Level 1 Surf Coach; or AUSTSWIM Instructor; or Assessor (SRC/Bronze); or Person approved by the JAC and Chief Training Officer

Name _____ Date of Birth _____

Date of Birth	Age Group	Swim Requirement	Complete Y or N	Survival Float Time	Complete Y or N
1 Oct 2010 - 30 Sept 2011	Under 6	Torpedo off wall - face in water		30 seconds	
1 Oct 2009 - 30 Sept 2010	Under 7	Torpedo off wall - face in water		30 seconds	
1 Oct 2008 - 30 Sept 2009	Under 8	25 metre freestyle		1 minute	
1 Oct 2007 - 30 Sept 2008	Under 9	50 metre freestyle		1 minute	
1 Oct 2006 - 30 Sept 2007	Under 10	50 metre freestyle		1 ½ minutes	
1 Oct 2005 - 30 Sept 2006	Under 11	100 metre freestyle		2 minutes	
1 Oct 2004 - 30 Sept 2005	Under 12	200 metre freestyle		2 minutes	
1 Oct 2003 - 30 Sept 2004	Under 13	300 metre freestyle		3 minutes	
1 Oct 2002 - 30 Sept 2003	Under 14	200 metre - under 5 minutes*	TIME	3 minutes	

* Times MUST be recorded for U14 timed swim

If your child intends to compete at carnivals, please ensure they complete the below requirements

	Age	Competition Distance	TIME	Float	Y or N
Competition Requirement	Under 9	150 metre timed*	TIME	1 minute	
Competition Requirement	Under 10	150 metre timed*	TIME	1 ½ minutes	
Competition Requirement	Under 11	300 metre timed*	TIME	2 minutes	
Competition Requirement	Under 12	300 metre timed*	TIME	2 minutes	
Competition Requirement	Under 13	300 metre timed*	TIME	3 minutes	
Competition Requirement	Under 14	400 metre - under 9 minutes*	TIME	3 minutes	

* Times MUST be recorded for all competition swims

This form is to certify that the above named has completed the required swim distance and float time successfully for their age group

ALL DETAILS BELOW MUST BE COMPLETED FOR THIS FORM TO BE ACCEPTED

Examiner's Name (printed)	Accreditation Type	Accreditation No.	Expiry Date
Examiner's Signature	Proficiency Venue	Contact Phone Number	Date