



**JUNIOR ACTIVITIES PRELIMINARY POOL EVALUATION ENDORSEMENT FORM
FOR POINT LOOKOUT SLSC
2018/2019 SEASON**

Members Name: _____

Date of Assessment: _____

Location that Pool Swim was conducted: _____

I have witnessed the above child complete the Preliminary Pool Evaluation to the following standard.

Age Group	Swim Criteria	Float	Float (C/NYC)	SWIM TIME
Under 6	Kick on wall – face in the water	30 sec		X
Under 7	Torpedo (push off wall) face in water	30 sec		X
Under 8	25 metres (freestyle)	1 min		X
Under 9	50 metres (freestyle)	1 min		X
Under 10	50 metres (freestyle)	1.5 min		X
Under 11	100 metres (freestyle)	2 min		X
Under 12	200 metres (freestyle)	2 min		X
Under 13	300 metres (freestyle)	3 min		X
Under 14	400 metres (freestyle) in less than 9 mins	3 min		

I am aware that the information contained on this form will be used as formal proficiency testing information for Point Lookout SLSC and any inaccurate recordings could result in a potentially dangerous situation for the named child, Point Lookout SLSC 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. I have attached and/or supplied a photocopy of my current details:

- Accredited Swim Coach
- Accredited Surf Coach
- AUST SWIM Instructor Accreditation

Assessor / Swim Coach Name (please print): _____

Assessor / Swim Coach Signature: _____

Assessor No. / Accreditation No.: _____