



Dicky Beach Nippers Junior Activities Pool Evaluation 2019 / 2020

IMPORTANT INFORMATION

Nippers are not able to partake in any activities without a completed Junior Activities Pool Evaluation. These pool proficiencies can be completed by the following: Accredited Swim Coach; Level 1 or higher Surf Coach; Aust swim Instructor; Bronze Assessor or an approved Junior Activities Accreditation Officer.

Name:	
Date of Birth:	

Date of Birth (Circle / Tick)	Age Group	Swim Requirement	Complete C / NYC*	Survival Float Time	Complete C/NYC*
1 Oct 13 - 30 Sept 14	U6	Kick on wall -face in the water		30 seconds	
1 Oct 12 - 30 Sept 13	U7	Torpedo off wall- face in water		30 seconds	
1 Oct 11 - 30 Sept 12	U8	25metres freestyle		1 minute	
1 Oct 10 - 30 Sept 11	U9	50metres freestyle		1 minute	
1 Oct 09 - 30 Sept 10	U10	50metres freestyle		1 ½ minutes	
1 Oct 08 - 30 Sept 09	U11	100metres freestyle		2 minutes	
1 Oct 07 - 30 Sept 08	U12	100metres freestyle		2 minutes	
1 Oct 06 - 30 Sept 07	U13	150metres freestyle		3 minutes	
1 Oct 05 - 30 Sept 06	U14	200m – under 5 mins #		3 minutes	

* C = Competent / NYC = Not yet competent

Times for U14 to be recorded and is a requirement for completing their Surf Rescue Certificate

For Nippers who intend competing at carnivals / or extra training, please also complete the following:

Age Group	Swim Requirement	Time	Survival Float Time	Complete C/NYC*
U8	100 metres timed		1 minute	
U9	150 metres timed		1 minute	
U10	150 metres timed		1 ½ minutes	
U11	200 metres timed		2 minutes	
U12	200 metres timed		2 minutes	
U13	200 metres timed		3 minutes	
U14	200 metres – under 5 minutes		3 minutes	

* C = Competent / NYC = Not yet competent

I have witnessed the above child complete the pool evaluation to the above standard.

I am aware that the information contained on this form will be used as formal proficiency testing information for Surf Lifesaving Queensland Junior Activities Program and any inaccurate recording could result in a potentially dangerous situation for the named child, Surf Lifesaving Club and Surf Lifesaving Queensland. I confirm the above information is recorded as true and accurate.

If a non- lifesaving member, please attach current copy of current accreditation for the proficiency to be processed.

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Assessors Name

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Accreditation Type

...../...../.....
Date