



## NORTH CRONULLA NIPPERS

### Nippers Preliminary Pool Proficiency Endorsement 2020/2021

Name of child/children & DOB: 1. \_\_\_\_\_ - \_\_\_\_\_  
2. \_\_\_\_\_ - \_\_\_\_\_  
3. \_\_\_\_\_ - \_\_\_\_\_  
4. \_\_\_\_\_ - \_\_\_\_\_

I \_\_\_\_\_, have witnessed the above child/children complete the Preliminary Pool Evaluation to the following standard:

Age	Date of Birth	Swim	Swim	Timed
U9	1 <sup>st</sup> Oct 11 to 30 <sup>th</sup> Sept 12	200 m freestyle	6 mins	
U10	1 <sup>st</sup> Oct 10 to 30 <sup>th</sup> Sept 11	200 m freestyle	6 mins	
U11	1 <sup>st</sup> Oct 09 to 30 <sup>th</sup> Sept 10	200 m freestyle	5 mins	
U12	1 <sup>st</sup> Oct 08 to 30 <sup>th</sup> Sept 09	200 m freestyle	5 mins	
U13	1 <sup>st</sup> Oct 07 to 30 <sup>th</sup> Sept 08	200 m freestyle	5 mins	
U14	1 <sup>st</sup> Oct 06 to 30 <sup>th</sup> Sept 07	200 m freestyle	5 mins	

Age groups determined by age on September 30 2020 e.g. if 8 on Sept 30 = U9s. If turns age 8 on Oct 1 = U8s

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

**I understand that I must provide proof of my CURRENT accreditation number** for the award to be processed. I have attached and/or supplied the following:

Bronze Accredited Swim Coach: # \_\_\_\_\_

Surf Coach Accreditation: # \_\_\_\_\_

AUSTSWIM Instructor Accreditation: # \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Swim School: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

