# Nipper Preliminary Pool Evaluation Form

Junior Member's Name (Nipper): _____

Location where Evaluation was Conducted: _____

I certify that the above-named member successfully completed the Pool Test as specified below for

the Age Group (circle): U6 U7 U8 U9 U10 U11 U12 U13 U14

Assessor's Name: _____

Assessor's Accreditation Number: _____

Assessor's Signature: _____ Date: _____

| Age Group | Pool Test |
|---|---|
| Under 6<br>Age 5 as at 30 Sept | Kick on wall with face in water AND<br>30 second float |
| Under 7<br>Age 6 as at 30 Sept | Torpedo push off wall with face in water AND<br>30 second float |
| Under 8<br>Age 7 as at 30 Sept | 50m swim AND<br>1 minute float |
| Under 9<br>Age 8 as at 30 Sept | 100m swim AND<br>1 minute float |
| Under 10<br>Age 9 as at 30 Sept | 100m swim AND<br>1.5 minute float |
| Under 11<br>Age 10 as at 30 Sept | 200m swim AND<br>2 minute float |
| Under 12<br>Age 11 as at 30 Sept | 200m swim AND<br>2 minute float |
| Under 13<br>Age 12 as at 30 Sept | 200m swim AND<br>3 minute float |
| Under 14<br>Age 13 as at 30 Sept | 200m swim < 5 minutes AND<br>3 minute float Write Swim time here:_____ |
| **ASSESSOR** | Bronze Accredited Swim Coach or SLSA Level 1 Surf Coach or Austswim Accredited Instructor or Assessor (SRC/Bronze)<br>All swim evaluations must be a continuous over-arm stroke |