

## Age Group Participation Skill Evaluation Witness Declaration Form Pool Requirements

I have witnessed

---

### Candidates Name & Date of Birth

Fulfil the following requirements in a swimming pool not less than 25 Metres in length

Age Group	Requirement	Please tick if swimming requirement achieved	
		Yes	No
<b>Under 8</b> (DOB: 01/10/09 – 30/09/10)	25 metre swim (any stroke) 1 minute survival float		
<b>Under 9</b> (DOB: 01/10/08 – 30/09/09)	25 metre swim (any stroke) 1 minute survival float		
<b>Under 10</b> (DOB: 01/10/07 – 30/09/08)	25 metre swim (freestyle) 1½ minute survival float		
<b>Under 11</b> (DOB: 01/10/06 – 30/09/07)	50 metre swim (freestyle) 2 minute survival float		
<b>Under 12</b> (DOB: 01/10/05 – 30/09/06)	100 metre swim (freestyle) 2 minute survival float		
<b>Under 13</b> (DOB: 01/10/04 – 30/09/05)	150 metre swim (freestyle) 3 minute survival float		
<b>Under 14</b> (DOB: 01/10/03 – 30/09/04)	200 metre swim (freestyle) In less than 5 minutes 3 minute survival float		

Name of witness:

Accreditation Nbr

---



---

Signature:

Date:

---



---

Please select:

SHSLSC Office	
Level 1 coach or above	
Other (please specify)	

---

#### SHSLSC Office Use Only

Recorded on SLSA Surfguard

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

---