



## Age Group Participation Skill Evaluation Witness Declaration Form Pool Proficiency Requirements 2020-21 season

I have witnessed:

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**(Candidates Full Name)**

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**(Candidates 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 6</b><br>(DOB: 1/10/14 – 30/09/15)   | From a standing position in waist deep water, perform a front glide and recover to a secure position.<br>Perform a back or front float holding a buoyant aid and recover to a secure position           |  |    |
| <b>Under 7</b><br>(DOB: 1/10/13 -30/09/14)    | From a standing position in waist deep water, perform a front glide, kick for 3m and recover to a secure position.<br>Perform a back or front float for a few seconds and recover to a secure position. |  |    |
| <b>Under 8</b><br>(DOB: 01/10/12 – 30/09/13)  | 25 metre swim (any stroke)<br>1 minute survival float   |  |    |
| <b>Under 9</b><br>(DOB: 01/10/11 – 30/09/12)  | 25 metre swim (any stroke)<br>1 minute survival float   |  |    |
| <b>Under 10</b><br>(DOB: 01/10/10 – 30/09/11) | 25 metre swim (freestyle)<br>1½ minute survival float   |  |    |
| <b>Under 11</b><br>(DOB: 01/10/09 – 30/09/10) | 50 metre swim (freestyle)<br>2 minute survival float  |  |    |
| <b>Under 12</b><br>(DOB: 01/10/08 – 30/09/09) | 100 metre swim (freestyle)<br>2 minute survival float   |  |    |
| <b>Under 13</b><br>(DOB: 01/10/07 – 30/09/08) | 150 metre swim (freestyle)<br>3 minute survival float   |  |    |
| <b>Under 14</b><br>(DOB: 01/10/06 – 30/09/07) | 200 metre swim (freestyle) in less than 5 minutes<br>3 minute survival float  |  |    |

**\*\*\*Important: Please turn over to complete witness details correctly and thoroughly. Thank you \*\*\***

Full name of Witness: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Coaching accreditation number (if relevant): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please select:

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

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### SHSLSC Office Use Only

Recorded on SLSA SurfGuard  Date Entered: \_\_\_\_\_

Recorded on SLSWA Nipper App  Date Entered: \_\_\_\_\_

Thank you for supporting the Secret Harbour Surf Life Saving Club