



Chinese Swimming Club

中华游泳会

Assessment Form for New Swimmers

Name of Swimmer: _____ Acct No: _____

Date Of Birth: _____ Gender: M / F

Name of Parent/Guardian: _____ Contact No: _____

Assessment Date: _____

Preferred Day and Time for Assessment

| | Mon | Tue | Thu | Fri | Sat |
|---------------|-----|-----|-----|-----|-----|
| 9.30am – 10am | | | | | |
| 4.30pm – 5pm | | | | | |

FOR OFFICIAL USE ONLY

Results

| Strokes | Timing | | Remarks |
|-------------------|-----------|------------|---------|
| | 50 Meters | 100 Meters | |
| Freestyle | | | |
| Breaststroke | | | |
| Backstroke | | | |
| Butterfly | | | |
| Individual Medley | | | |

Training Squad Assigned

| | | | |
|-----------|--|---------------|--|
| A1 | | A2 | |
| B1 | | B2 | |
| C1 | | C2 | |
| D1 | | D2 | |
| Beginners | | New Beginners | |

Remarks: _____

Assessed by Coach: _____

Signature

Date

Effective Date: _____