



Chinese Swimming Club

中華游泳會

Assessment Form for New Swimmers

Name of Swimmer : _____ Account No: _____

Date Of Birth: _____ Gender: M / F

Name of Parent / Guardian : _____ Contact Nos: (HP) _____

Assessment Date : _____ (H) _____

Preferred Day and Time for Assessment

	Mon	Thu	Sat	Date
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: _____