



# Chinese Swimming Club

## 中华游泳会

### 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

	Tuesday	Friday	Saturday	Date
<b>9.30AM</b>				
<b>3.30PM</b>				

#### 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	
PC		Orange	
Yellow / Blue / Green		Red	

Remarks: \_\_\_\_\_

Assessed by Coach: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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