



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 No.: (HP) _____

Assessment Date : _____ Email : _____

Preferred Day and Time for Assessment

| | Tuesday | Friday | Saturday | Date |
|--------|---------|--------|----------|------|
| 9.30AM | | | | |
| 3.30PM | | | | |

Signature

Date

FOR OFFICIAL USE ONLY

Results

| Strokes | Timing | | Remarks |
|-------------------|----------------------|----------------------|---------|
| | 25 / 50 / 100 Meters | 25 / 50 / 100 Meters | |
| | Kick / Swim | Kick / Swim | |
| Freestyle | | | |
| Breaststroke | | | |
| Backstroke | | | |
| Butterfly | | | |
| Individual Medley | | | |

Training Squad Assigned

| | | | |
|--------|--|-----------------|--|
| Red | | Green | |
| Yellow | | Orange | |
| Blue | | Pre-Competitive | |

Remarks: _____

Assessed by Coach: _____ Effective Date : _____

Signature: _____

Date: _____