

EVALUATION FORM

SWIMMER'S PARTICULARS

Name : _____ *Child Dependent : Y / N
 Date of Birth : _____ Age : _____ Gender : M / F
** If No, please submit copy of Birth Certificate to Reception within 5 working days*

PARENT / GUARDIAN PARTICULARS

Name (Dr / Mr / Mrs / Mdm) : _____ Membership No. : _____
 Contact No. Home : _____ Office : _____ Mobile : _____
 Email Address : _____

EVALUATION DATE AND TIME (Please tick ✓ accordingly)

Category	Time	Tuesday	Friday	Saturday
<input type="checkbox"/> New Swimmer / Beginner	9.30 AM			
	3.30 PM			
<input type="checkbox"/> Competitive	Date & Time (to be advised): *Please attached swimmer's timings for the last 6 months.			

Parent's / Guardian's Signature: _____ Date: _____

FOR OFFICIAL USE

Confirmed Date of Evaluation : _____

	25 / 50 / 100 Meters	25 / 50 / 100 Meters	Personal Bests	Remarks
	Kick	Swim		
Freestyle				
Breaststroke				
Backstroke				
Butterfly				
Individual Medley				

Recommended Course Stage

LTS	Red / Yellow / Blue / Green / Orange
Developmental	New PC / Advance PC / C2
Competitive	C1 / B2 / B1 / A2 / A1

Remarks: _____

Coach Name & Signature: _____ Date: _____

For Official Use Only

Registration Form Received: Yes No Remarks: _____
 Intake Date: _____ Date Processed: _____ Officer-In-Charge: _____