



Kawana Waters Surf Life Saving Club Inc.

Address all Correspondence to Hon. Secretary: P.O. Box 152, Buddina Q. 4575
Clubhouse (07) 5444 8642 - Patrol Tower (07) 5444 3260 - Fax (07) 5444 8345

This is to certify that _____

has completed a swim proficiently as per the table below:

AGE GROUP	SWIM	SURVIVAL FLOAT
Under 6	Kick on wall with face in water	30 Sec
Under 7	Torpedo kick off wall with face in water	30 Sec
Under 8	25 metres (any stroke)	1 minute
Under 9	25 metres (any stroke)	1 minute
Under 10	50 metres (freestyle)	1 ½ minutes
Under 11	50 metres (freestyle)	2 minutes
Under 12	100 metres (freestyle)	2 minutes
Under 13	150 metres (freestyle)	3 minutes
Under 14	200 metres (freestyle) in less than 5 minutes	3 minutes

Signed: _____ Date: _____

(Accredited Coach)

Age: Age Category is determined by age of child as at 30th September 09