JUNIOR COMPETITION ELIGIBILITY FORM

NAME OF CLUB: _____SLSC Date: _____

NAME OF PERSON COMPLETING THIS FORM: _____

SIGNED:_____

AGE GROUP: UNDER ___ FEMALE

Please tick appropriate box

SURNAME	CHRISTIAN NAMES	DOB	Preliminary Assessment	Competition Timed Swim	Surf Ed Award **

Please tick appropriate box

SURNAME	CHRISTIAN NAMES	DOB	Preliminary Assessment	Competition Timed Swim	Surf Ed Award **

****NOTE:** This form is NOT TO BE USED for members being examined for the Resuscitation Certificate (10 year olds and over) OR Surf Rescue Certificate (13 year olds). Clubs MUST submit Form 14A "REQUEST FOR EXAMINATION" signed by the Club Life Saving Advisor.

PLEASE NOTE: THE PRELIMINARY SWIM AND OCEAN TIMED SWIM ARE TWO SEPARATE SWIMS. ONE SWIM CANNOT BE USED TO QUALIFY A CHILD FOR ANY OTHER REQUIREMENT AND THAT THE PRELIMINARY SWIM IS A PREREQUISITE TO ALL OTHER AWARDS/REQUIREMENTS.