

# Squad Assessment Inquiry

CONTACT DETAILS			
First name			
Last name			
Phone number			
Email			
Child's name		Child's date of birth	

## Swimming Abilities

Is the swimmer a member of a swimming club?  Yes  No

If yes, provide details

Have they represented their club (not school) at a competitive meet?  Yes  No

If yes, provide details

MINIMUM ASSESSMENT CRITERIA	YES	NO
200m continuous freestyle without signs of fatigue and good technique	<input type="checkbox"/>	<input type="checkbox"/>
100m backstroke with good technique	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of freestyle and backstroke turns	<input type="checkbox"/>	<input type="checkbox"/>
Use of fly/dolphin kick	<input type="checkbox"/>	<input type="checkbox"/>
Propulsive breaststroke kick and pull	<input type="checkbox"/>	<input type="checkbox"/>
Clean racing dive	<input type="checkbox"/>	<input type="checkbox"/>
Ability to swim butterfly (25m)	<input type="checkbox"/>	<input type="checkbox"/>

\*Swimmers must be prepared to swim multiple 60 minute sessions each week of up to 2km each.