Surf Life Saving Far North Coast Branch Inc.

Members Name: _____ **DOB:** _____

Members Club: _____

Location that Pool Swim was conducted: _____

I certify that the member named above completed the pool swim in the time listed below in a pool of at least 25m in length;

- SMAR: 400m in 8 minutes or less
- Bronze Medallion: 400m in 9 minutes or less,
- Surf Rescue Certificate: 200m in 5 minutes or less

Award	Swim Time
Bronze Medallion	
SMAR	
Surf Rescue Certificate	

Trainer/Assessor/Coach/Delegate Name [please print]:_____

Trainer/Assessor/Coach/Delegate Signature: _____

Position held:_____ **Award #:** _____

Note: This swim can only be supervised and assessed by a current SLSA Bronze Medallion Training Officer / Assessor, SLSA Development Coach or higher or delegate approved for Bronze Medallion Skills Maintenance by Club Executive.