



**SWIMMING NSW SWIM MEET
FOR NSW ASSOCIATION OF DISABILITY SPORTS
SWD Annual Championships
LONG COURSE**

DATE: Saturday 11th October 2008 8am Registration 9am Start

VENUE: SOPAC Olympic Boulevard Sydney Olympic Park CLOSING DATE: FRIDAY 26 SEPT 2008

PERSONAL DETAILS

First Name: _____ Surname: _____	
Address: _____	
Suburb: _____	Postcode: _____
Phone: (H) _____ (W) _____ (M) _____	
Email: _____	(Fax) _____

MEDICAL DETAILS

Medicare Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emergency Contact Name: _____ Phone: _____
Medication (Type & Dosage): _____
Do you have any allergies? _____
Please provide a full description of your disability: _____

<p>DECLARATION: I have advised Swimming NSW of any medical conditions suffered by me/my child/my ward and of any subsequent medication requirements. In the event of an emergency, I hereby permit the co-ordinators of Swimming NSW Swim Meet to seek medical attention for me. Signatory MUST be 18 Years or over. Signed: _____ (athlete/parent/guardian)</p>	<p>MEDIA CONSENT: Strike out which does not apply. I agree to allow Swimming NSW, NSW Association of Disability Sport and NSW Sport and Recreation to use my child's/my ward's name and any photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of services and initiatives to the media and to the general public. Signatory MUST be 18 Years or over. Signed: _____ (athlete/parent/guardian)</p>
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An entry fee of \$30.00 for Championship events \$20 for Non-championship events only

I am paying by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order Please make cheques/money orders payable to: <u>Swimming NSW</u> All enquiries Phone: (02) 9763 5833 Fax: (02) 9763 5699	PLEASE SEND ENTRIES TO: Swimming NSW P.O. Box 571 SYDNEY MARKETS NSW 2129
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PLEASE FORWARD THIS ENTRY FORM WITH YOUR FEE ATTACHED BY FRIDAY 26 SEPT 2008

NOTE incomplete entry forms will be returned for completion AND late entries will not be accepted

NAME: _____

DATE OF BIRTH: __/__/____ AGE AT DATE OF THIS EVENT: __ yrs SEX (circle): M F

ASSOCIATION YOU ARE REPRESENTING (One only eg: BLIND, CPSARA): _____

CLASSIFICATION:

Amp/CP/WC1-10 Blind11,12,13,84 ID14 Deaf15 Transplant16	Please use numbers for the relevant classification in the boxes below: S <input type="checkbox"/> SB <input type="checkbox"/> SM <input type="checkbox"/>	I have not been classified before: <input type="checkbox"/>
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AGE GROUP (Circle):	12 yrs & under	13 & 14 yrs	15 & 16 yrs	Open	Masters (35 yrs +)
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TICK EVENTS YOU WISH TO COMPETE IN: (Maximum of 5 events Championship 50m & over)

1 <input type="checkbox"/> 400m Freestyle	8 <input type="checkbox"/> 50m Butterfly	15 <input type="checkbox"/> 50m Breaststroke
2 <input type="checkbox"/> 50m Freestyle	9 <input type="checkbox"/> 200m Freestyle	16 <input type="checkbox"/> 100m Backstroke
3 <input type="checkbox"/> 100m Breaststroke	10 <input type="checkbox"/> 25m Freestyle	17 <input type="checkbox"/> 200m Butterfly
4 <input type="checkbox"/> 200m Backstroke	11 <input type="checkbox"/> 50m Backstroke	18 <input type="checkbox"/> 150 IM
5 <input type="checkbox"/> 25m Backstroke	12 <input type="checkbox"/> 200m Breaststroke	19 <input type="checkbox"/> 200m IM
6 <input type="checkbox"/> 100m Freestyle	13 <input type="checkbox"/> 25m Butterfly	
7 <input type="checkbox"/> 25m Breaststroke	14 <input type="checkbox"/> 100m Butterfly	

PLEASE REMEMBER TO KEEP A RECORD OF THE EVENTS THAT YOU HAVE ENTERED

Please include a CURRENT Personal Best performance (PB) for each event nominated:

Event:					
PB:					

SPECIAL CONDITIONS:

1. A maximum of five (5) events is allowed
2. **NO LATE OR INCOMPLETE ENTRIES WILL BE ACCEPTED.** Entries close 5pm Friday 26th September 2008
3. Please note that **no changes** to events can be made after closing date.
4. **Withdrawals – No refund given** (Withdrawal from an event(s) must be communicated to the registration desk on arrival or to marshalling desk during the meet at least 2 events in advance of the withdrawal)
5. **S11 Swimmers** are required to wear blacked-in goggles for all events and to be tapped at the end of the pool
6. **Entry in a 25m non-championship event excludes swimmers from entering in any championship event 50m or over.**
7. **Swimming NSW Rules apply**

Office use only

Endorsement by State Association:

I declare that the person on this application is a current member of this Association.