

SWIMMING NEW SOUTH WALES MULTI-CLASS ANNUAL CHAMPIONSHIPS

LONG COURSE

DATE: Saturday October 23, 2010
TIME: 8:00am Registration - 9:00am Start
VENUE: SOPAC Homebush
CLOSING DATE: 5pm Friday October 8, 2010

NO LATE ENTRIES WILL BE ACCEPTED

PERSONAL DETAILS

First Name: _____ Surname: _____		
Address: _____		
Sex (Circle): F / M	Date of Birth: _____	Age at Date of this Event: __ yrs
Phone: (H) _____ (M) _____		
Association/Club you are representing (Special Olympics, CPSARA etc): _____		

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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ENTRY FEES:

Championship Events (maximum of 5) : \$35.00

Non-Championship (NC) Events (25m) : \$25.00

TICK EVENTS YOU WISH TO COMPETE IN:

Event No.	Event	Entry Time
<input type="checkbox"/> 1	400m Freestyle QT - 10.00:00	
<input type="checkbox"/> 2	50m Freestyle	
<input type="checkbox"/> 3	100m Breaststroke	
<input type="checkbox"/> 4	200m Backstroke	
<input type="checkbox"/> 5	25m Backstroke (NC)	
<input type="checkbox"/> 6	100m Freestyle	
<input type="checkbox"/> 7	25m Breaststroke (NC)	
<input type="checkbox"/> 8	50m Butterfly	
<input type="checkbox"/> 9	200m Freestyle	
<input type="checkbox"/> 10	25m Freestyle (NC)	
<input type="checkbox"/> 11	50m Backstroke	
<input type="checkbox"/> 12	200m Breaststroke	
<input type="checkbox"/> 13	25m Butterfly (NC)	
<input type="checkbox"/> 14	100m Butterfly	
<input type="checkbox"/> 15	50m Breaststroke	
<input type="checkbox"/> 16	100m Backstroke	
<input type="checkbox"/> 17	200m Butterfly	
<input type="checkbox"/> 18	150m IM	
<input type="checkbox"/> 19	200m IM	

MEDICAL DETAILS

Medicare Number:

Emergency Contact Name: _____ Phone: _____

Medication (Type & Dosage): _____

Do you have any allergies? _____

Please provide a full description of your disability: _____

DECLARATION AND MEDIA CONSENT (cross out which does not apply)

- 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.
- I agree to allow Swimming NSW and Communities NSW - Sport and Recreation to use my child's/my ward's name and any photography of me/my child/my ward at this event for the promotion of services and initiatives.
- I agree that information supplied with this entry form can be forwarded to my Association/Club where necessary.

Signature: _____

(athlete/parent/guardian must be 18 Years or over)

PLEASE FORWARD THIS ENTRY FORM WITH YOUR FEE ATTACHED BY THE CLOSING DATE

I am paying by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order Please make cheques/money orders payable to: Swimming NSW All enquiries Phone: (02) 9763 5833 Fax: (02) 9763 5699	PLEASE SEND ENTRIES TO: Swimming NSW PO Box 571 SYDNEY MARKETS NSW 2129
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SPECIAL CONDITIONS:

1. **A maximum of five (5) events is allowed.**
2. **NO LATE OR INCOMPLETE ENTRIES WILL BE ACCEPTED.**
Entries close 5pm Friday October 8, 2010
3. Please note that no changes to events can be made after the closing date.
4. **Withdrawals - No refund given.**
Withdrawal from an event(s) must be communicated to the registration desk on arrival or to the 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 (NC) 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.