| OFFICE USE ONLY |
|---|
| DATE RECEIVED: |
| REGION: |
| LEVEL: |
| NOTES: |

# DISABILITY SWIMMING SWIMMER ID TRACKER FORM

BRITISH Swimming

***Are you interested in getting more involved in disability swimming? Can you swim 15m or more? YES!!! Fill in the form and send it back to us.***

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ TELEPHONE: _____

_____ MOBILE: _____

_____ EMAIL: _____

POSTCODE: _____ SWIM CLUB / SWIM SCHOOL: _____

PRIMARY IMPAIRMENT: ☐ **PHYSICAL** ☐ **VISUAL** ☐ **HEARING** ☐ **INTELLECTUAL** AQUIRED DISABILITY: YES ☐ NO ☐

DISABILITY e.g. CP HEMIPLEGIA: _____ PROGRESSIVE: YES ☐ NO ☐

ADDITIONAL IMPAIRMENT: ☐ **PHYSICAL** ☐ **VISUAL** ☐ **HEARING** ☐ **INTELLECTUAL** AQUIRED DISABILITY: YES ☐ NO ☐

CLASSIFICATION: (If known) S SB SM

SCHOOL NAME: _____ SCHOOL ADDRESS: (Where appropriate) _____

DO YOU HAVE ACCESS TO A COMPUTER? YES ☐ NO ☐ _____

ASA/WASA/SASA REGISTRATION: _____ _____

| ENTER DETAILS IN RELEVANT BOX | SCHOOL / LEARN TO SWIM | LANE SWIMMER | CLUB SWIMMER |
|---|---|---|---|
| NO. TIMES YOU SWIM PER WEEK | | | |
| NO. OF HOURS YOU SWIM PER WEEK | HRS | HRS | HRS |
| DISTANCE IN TRAINING SESSIONS | N/A | M | M |
| NO. OF COMPETITIONS IN LAST 12 MONTHS | N/A | N/A | |
| NO. OF YEARS SWIMMING COMPETITIVELY | N/A | N/A | |
| AGE LEARNT TO SWIM | YRS | YRS | YRS |
| OTHER SPORTS PARTICIPATING IN | | | |

SWIMMERS MUST BE ABLE TO SWIM A MINIMUM OF 15m ON FRONT OR BACK IN A RECOGNISED STROKE (BACKSTROKE, BREASTSTROKE, BUTTERFLY, FREESTYLE). CLUB & LANE SWIMMERS MUST ENTER THEIR TIMES IN THE BOXES BELOW.

| | SCHOOL / LEARN TO SWIM | LANE & CLUB SWIMMERS - PB TIMES | | | | |
|---|---|---|---|---|---|---|
| **STROKE** | **15m Achieved** | **25m** | **50m** | **100m** | **200m** | **400m** |
| **FREESTYLE** | | | | | | |
| **BACKSTROKE** | | | | | | |
| **BREASTSTROKE** | | | | | | |
| **BUTTERFLY** | | | | | | |
| **INDIVIDUAL MEDLEY** | | | | | | |

If the swimmer is under the age of 18yrs this form should be completed and returned by the parent or person in 'Loco Parentis', however must still be signed by the swimmer below. Your information may be shared with an ASA/WASA/SASA Region/Home Country. If you do not wish for this information to be shared please tick this box ☐

SWIMMER SIGNED: _____ NAME: _____ DATE: _____

'LOCO PARENTIS' SIGNED: _____ NAME: _____ DATE: _____

**PLEASE RETURN COMPLETED FORM TO:**

**British Disability Swimming, SportPark, 3 Oakwood Drive, Loughborough, Leics, LE11 3QF**
**Email: WCPDisabilitySwimming@swimming.org or Fax: +44 1509 640 192**