

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

PARA-SWIMMING SWIMMER ID TRACKER FORM



Are you interested in getting more involved in Para-Swimming? Are you aged 5yrs or above? YES!!! Fill in the form and send it back to us.

NAME: _____ DATE OF BIRTH: _____
GENDER: MALE FEMALE
HOME ADDRESS: _____ TELEPHONE: _____

MOBILE: _____

EMAIL: _____
POSTCODE: _____

PRIMARY IMPAIRMENT PHYSICAL VISUAL INTELLECTUAL (IQ of 75 or below)
(PLEASE TICK ONE):

IMPAIRMENT DETAILS
e.g. CP HEMIPLEGIA:

Swimming Ability Information

	<i>Learn to Swim/School</i>	<i>Club Swimmer</i>	<i>Recreational Swimmer</i>
Please indicate your level of swimmer ability:	Location:	Club Name:	Location:
Learn to swim/School <input type="checkbox"/>	No of times a week:	No of sessions per week:	No of times a week:
Club <input type="checkbox"/>			
Recreation <input type="checkbox"/>	Learn to Swim Stage (if known):	No of hours swimming per week: :	

Data Protection Statement:

British Swimming will use your personal data for the purpose of your involvement in Para-Swimming and I understand that by submitting this form, I am consenting to receiving information about Para-Swimming by post, email, SMS/MMS, online or phone unless stated otherwise.

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:
Para-Swimming Talent Administrator, SportPark, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF

Email: paraswimming@swimming.org