

**OFFICE USE ONLY**  
**DATE RECEIVED:**  
**REGION: East**  
**LEVEL:**  
**NOTES: HUBCLUB (Hoddesdon SC)**

## DISABILITY SWIMMING SWIMMER ID TRACKER FORM



**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: \_\_\_\_\_

GENDER:     MALE    FEMALE

HOME ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ MOBILE: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ SWIM CLUB / SWIM SCHOOL: \_\_\_\_\_

PRIMARY IMPAIRMENT (PLEASE TICK ONE):     PHYSICAL    VISUAL    HEARING    INTELLECTUAL    IS THIS AN ACQUIRED DISABILITY: YES    NO

DISABILITY DETAILS e.g. CP HEMIPLEGIA: \_\_\_\_\_ IS THIS PROGRESSIVE: YES    NO

\_\_\_\_\_

ADDITIONAL IMPAIRMENT (PLEASE TICK ONE):     PHYSICAL    VISUAL    HEARING    INTELLECTUAL    IS THIS AN ACQUIRED DISABILITY: YES    NO

### SWIMMING ABILITY

Please indicate your level of swimmer ability:	Learn to swim <input type="checkbox"/> Lane swimmer <input type="checkbox"/> Club swimmer <input type="checkbox"/>	Club name: _____	
		Are you a member of the ASA/SASA/WASA	YES <input type="checkbox"/> NO <input type="checkbox"/>
Age learnt to swim:		No of times per week:	
No of hours swimming per week:		Distance per training session:	

Can you swim 25m or more in each of these swimming strokes?  
 Where possible please also provide your 25m best times

	Y/N	Personal best 25 times
Freestyle		
Backstroke		
Breaststroke		
Butterfly		

**Data Protection Statement:**

British Swimming will use your personal data for the purpose of your involvement in Disability Swimming and I understand that by submitting this form, I am consenting to receiving information about Disability 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:**  
 Disability Talent Administrator, SportPark, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF

Email: [disability@swimming.org](mailto:disability@swimming.org)