

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: _____
HOME ADDRESS: _____ GENDER: MALE FEMALE
TELEPHONE: _____
MOBILE: _____
POSTCODE: _____ EMAIL: _____

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 Club name: _____
Lane swimmer
Club swimmer

**PLEASE RETURN COMPLETED FORM TO:
Disability Talent Administrator, SportPark, 3 Oakwood Drive,
Loughborough, Leicestershire, LE11 3QF**

Email: disability@swimming.org

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Are you a member of the ASA/SASA/WASA? YES NO

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		

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: _____

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