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

## 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:  |   |                      |                             | TELEPHON      | TELEPHONE:   |                    |   |      |  |
|  |   |                      |                             | MOBILE:       |              |                    |   |      |  |
|  |   |                      |                             | EMAIL:        |              |                    |   |      |  |
| POSTCODE:  |   |                      | SWIM CLUB /<br>SWIM SCHOOL: |               |              |                    |   |      |  |
| PRIMARY<br>IMPAIRMENT:<br>DISABILITY e.g. CP<br>HEMIPLEGIA:  | ☐ PHYSICAL ☐ VISUAL ☐ HEARING ☐INTELLECTUAL |                      |                             |               |              |                    | AQUIRED DISABILITY: YES ☐ NO☐  PROGRESSIVE: YES ☐ NO☐ |      |  |
| ADDITIONAL<br>IMPAIRMENT:  | ☐ PHYSICAL ☐ VISUAL ☐ HEARING ☐INTELLECTUAL |                      |                             |               |              |                    | AQUIRED DISABILITY: YES ☐ NO☐                         |      |  |
| CLASSIFICATION: (If known)   | S   | SB                   | SM                          |               |              |                    |   |      |  |
| SCHOOL NAME:   | SCHOOL<br>ADDRESS:                          |                      |                             |               |              |                    |   |      |  |
| DO YOU HAVE ACCE<br>ASA/WASA/SASA<br>REGISTRATION:   | SS TO A CC                                  | OMPUTER?             | YES □ No                    | (Where approp | riate)<br>   |                    |   |      |  |
| ENTER DETAILS IN RELEVANT BOX  |   |                      | SCHOOL / LEARN TO SWIM      |               | LANE SWIMMER |                    | CLUB SWIMMER  |      |  |
| NO. TIMES YOU SWIN   | M PER WEE                                   | K                    |                             |               |              |                    |   |      |  |
| NO. OF HOURS YOU SWIM PER WEEK   |   |                      | HRS                         |               |              | HRS                |   | HRS  |  |
| DISTANCE IN TRAINING SESSIONS  |   |                      | N/A                         |               |              | M                  |   | М    |  |
| 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   |   |                      |                             |               |              |                    |   |      |  |
| BREASTSTRUKE, BUT  | SCHOOL /                                    |                      |                             |               |              | WIMMERS - PB TIMES |   |      |  |
| STROKE   |   | SWIM<br>15m Achieved |                             | 25m           | 50m          | 100m               | 200m  | 400m |  |
| FREESTYLE  |   |                      |                             |               |              |                    |   |      |  |
| BACKSTROKE   |   |                      |                             |               |              |                    |   |      |  |
| BREASTSTROKE   |   |                      |                             |               |              |                    |   | -    |  |
| BUTTERFLY  |   |                      |                             |               |              |                    |   | -    |  |
| INDIVIDUAL MEDLEY  | ,   |                      |                             |               |              |                    |   |      |  |
| f the swimmer is under<br>must still be signed by th<br>not wish for this informat<br>SWIMMER<br>SIGNED: | ne swimmer                                  | below. Your in       | formation may               |               |              |                    |   |      |  |
| 'LOCO PARENTIS'<br>SIGNED:   |   |                      | NAME:                       |               |              |                    | DATE:   |      |  |