Certificate of Swimming Disability – Application Form

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sex: MALE/FEMALE (delete as appropriate)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASA/SASA/WASA Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nature of Disability:

(Please state how the disability affects the ability to perform the stroke correctly)

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Proof of Disability Enclosed

**Data Protection Statement:**

The ASA / SASA / WASA will use your personal data for the purpose of producing your Disability Certification and I understand that by submitting this form, I am consenting to receiving my Disability Certification by post, email, SMS/MMS, online or phone unless stated otherwise. Certification will only be given to swimmers with a permanent disability, not to swimmers suffering from short term incapacity.

**Please return to:**

Operations Department

ASA

4th Floor

Pavilion 3, SportPark

3 Oakwood Drive, Loughborough

Leicestershire LE11 3QF