



# **BRITISH LONG DISTANCE SWIMMING ASSOCIATION**

## **CHAMPIONSHIP ENTRY FORM**

CHAMPIONSHIP	Loch Lomond
DISTANCE	21.75 Miles
DAY / DATE	Saturday 25th / Sunday 26th August 2018
ENTRY FEE	£200.00
CLOSING DATE	Saturday 28th July 2018

**PLEASE USE BLOCK (CAPITAL) LETTERS TO COMPLETE ALL SECTIONS OF THIS FORM.**

**(PLEASE NOTE ENTRIES WILL ONLY BE ACCEPTED FROM FULLY PAID UP MEMBERS OF THE B.L.D.S.A.)**

**ENTRANT:** Please enter me for the above Championship in the following event.

I enclose a SAE for acknowledgement,(OR an email address) and cheque/P.O. made payable to the B.L.D.S.A.

LADIES <input type="checkbox"/>	GENTS <input type="checkbox"/>	F/STYLE <input type="checkbox"/>	BRST/S <input type="checkbox"/>	Please tick as appropriate
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SURNAME:																				
FORENAME:																				
AGE:																				

ADDRESS:																				
POSTCODE:																				

TELEPHONE NUMBER:																			
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BLDSA MEMBERSHIP NUMBER:						
e-mail address:						

CLUB / TOWN (For programme and results)																			
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**LONG DISTANCE SWIMMING EXPERIENCE:**

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Please note swims completed during the last two years of a minimum of eight miles:

Swim: _____	Date: _____	Time Taken: _____
Swim: _____	Date: _____	Time Taken: _____
Swim: _____	Date: _____	Time Taken: _____
Swim: _____	Date: _____	Time Taken: _____

Estimate of time for completing the Loch Lomond Swim: \_\_\_\_\_

**BOAT**

Swimmers are responsible for providing their own boat and crew. There are usually some boats available for hire at various places around the Loch. It is advisable to book a boat at the earliest opportunity, which **MUST** be capable of carrying you and your crew and equipment, and also have a back up means of propulsion.

Please state where you will get your boat from	How long is your boat?	Engine size	How many oars?

**BOAT CREW**

Who will you be accompanied by?

Please give details.	GENERAL CREW	OARS/ENGINE	LIFE-SAVER
NAME 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**International Swimmers**

PLEASE NOTE: CIVIL LIABILITY INDEMNITY AND PERSONAL ACCIDENT COVER IS ONLY PROVIDED TO THOSE MEMBERS OF THE BLDSA WHO ARE UK RESIDENTS.

INTERNATIONAL COMPETITORS MUST ATTACH A COPY OF A CURRENT MEMBERSHIP CARD FROM YOUR COUNTRY'S GOVERNING BODY OR EVIDENCE OF ALTERNATIVE PERSONAL INSURANCE WHICH COVERS PARTICIPATION IN OPEN WATER SWIMMING EVENTS.

**CERTIFICATE OF SWIMMING ABILITY**

I certify that in my opinion and having regard to the nature of this Championship, I am competent to complete the distance.

SIGNED:	NAME:
DATE:	

**MEDICAL DECLARATION**

"In the event of an emergency, is there any information which rescue personnel, first aiders or ambulance crews/hospital may need to know in order to assist you? Please include details of any medical conditions (including specific instructions for treatment in an emergency, if applicable), disabilities (e.g. mobility restrictions, visual impairments, deafness, learning difficulties, and any subsequent special requirements), or any other information which could be relevant in the event of an emergency. This information will be held in confidence and distributed only to rescue and safety officials"

Do you have any medical problems we should be aware of? YES  NO

If yes please list these here: \_\_\_\_\_

Should you require medical assistance at this event is there any special medication or treatment you require? If so please list this here: \_\_\_\_\_

I declare that if I enter the swim whilst pregnant, I will inform the swim secretary at the earliest possible opportunity, and will provide him/her with a letter from a doctor or midwife confirming my suitability to enter the event. I understand that entry may be refused to pregnant swimmers at the discretion of the swim secretary, following a risk assessment" Signed \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO MAKE SURE YOU HAVE YOUR MEDICATION WITH YOU AND IT IS EASILY ACCESSIBLE SHOULD YOU NEED IT.**

**DECLARATION**

- I am an eligible competitor in accordance with the B.L.D.S.A. Championship Rules.
- I have read, understand and will abide by the B.L.D.S.A. Championship Rules.
- I am a fully paid up member (or life member) of the B.L.D.S.A.
- The particulars given on this entry form are true.
- I am not suffering from any illness or disability known to me which would render my participation in this Championship inadvisable. **(A MEDICAL EXAMINATION MAY BE REQUIRED)**
- "I acknowledge that I am aware of all the risks inherent in open water swimming. I hereby waive any and all rights to claims for loss or damages, arising out of my participation in this event, against the B.L.D.S.A. or any individuals officiating or supervising this B.L.D.S.A. event."  
I acknowledge that the B.L.D.S.A. relies entirely on the contents of this Entry Form in accepting my request for inclusion in these Championships.

SIGNATURE OF ENTRANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(If entrant is under 18 years of age)

**PLEASE RETURN THIS FORM (WITH FEE) TO:**

Ms J Wilson, 20, Redcote Court, Bon Dundee Drive, Tillicoultry, W. Yorks, L62 8AU Tel: 07057349328 Email: [jwilson22@aol.com](mailto:jwilson22@aol.com)