British Long Distance Swimming Association

Recognition of Relay Swim Application
(Each team shall consist of two to six swimmers)

PLEASE COMPLETE IN BLOCK CAPITALS

PART ONE (PAGES 1 TO 5) – NOTIFICATION OF A SWIM TO BE SUBMITTED AS SOON AS POSSIBLE BY POST OR EMAIL

Name of Team (as to appear on the Certificate)

Team Manager
Title (Mr Mrs etc)

First Name(s)

Surname

Address

Town

County

Post Code

Country

Tel No (Day)

Tel No (Evening)

Mobile

Email address (please write CLEARLY)

BLDSA Membership No
Names of Swimmers in order of Swimming (name as to appear on the certificate)

	First Name	Surname	BLDSA No.
1			
2			
3			
4			
5			
6			

SWIM DETAILS
Name of Course (Please state if two way or more)

Start

Finish

Distance (Miles)

Distance (Kms)

Day and Date of Swim (proposed – can be confirmed nearer the time)

Stroke

Please give OS Grid ref for the Start and Finish if it is an inaugural swim

WITNESS for individual relay swim
One Official Observer acceptable to the Association
WITNESS for Record OR Inaugural Relay Swim
One Official Observer plus ONE additional witness acceptable to the Association
REQUESTS FOR ACCEPTANCE SHOULD BE MADE IN WRITING AT LEAST TWO WEEKS PRIOR TO THE ATTEMPT

Please let the Hon Recorder know (by letter or email) the name and address, telephone number and email address of the observer at least two weeks in advance so they can be approved by the Association.
Criteria for a BLDSA non-member Observer being acceptable to the Association may include membership of another national association or to have had experience with the BLDSA but not as a member.
The Observer may be contacted prior to the event.
It is advised to propose more witnesses than necessary so that in the event of a last minute change of date due to weather etc. all possible witnesses have been approved.

OBSERVER
Full Name

Address

Town

County

Post Code

Country

Tel No (Day)

Tel No (Evening)

Mobile

Email address

BLDSA Membership Number if applicable

ADDITIONAL OBSERVER
Full Name

Address

Town

County

Post Code

Country

Tel No (Day)

Tel No (Evening)

Mobile

Email address

BLDSA Membership Number if applicable

PLEASE ATTACH EXTRA SHEETS WITH DETAILS OF FURTHER WITNESSES

PLEASE NOTE YOUR BLDSA INSURANCE DOES NOT COVER YOU OR ANY OF YOUR CREW FOR INDIVIDUAL SWIMS. YOU MUST OBTAIN YOUR OWN INSURANCE.

PLEASE ENCLOSE A CHEQUE FOR £50.00 (Fifty pounds only) MADE PAYABLE TO BLDSA WITH PART ONE OF THE FORM WHICH IS THE NOTIFICATION OF THE SWIM
It is acceptable to email part one of the form but it will not be processed until the cheque is received.
Please return to
BLDSA Hon Recorder
Zoe Sadler
17 Farriers Close
Bramley
Tadley
Hampshire
RG26 5AX

email: bldsarecorder@gmail.com

RULES FOR RECOGNITION OF INDIVIDUAL SWIMS AND RECORDS

1 The Association shall, at the discretion of the Executive Committee, recognise an individual swim, which applies with the following conditions:
2 The applicant must have been a member of the Association at the time of the swim.
3 Application must be made on the Association's official form (available from the Hon Recorder), and completed in full.
4 A swim by any member under 12 years of age will not be considered.
5 A member of the pilot life saver panel must accompany applicants under 14 years of age.*
6 A current member of the Association, who is 18 years of age or over, or two witnesses over 18 years of age acceptable to the Association must observe throughout the swim.
7 No individual attempt may be made whilst an Association Championship on the same course is in progress.
8 All courses must be in open water and of not less than 5 miles for Seniors and 3 miles for Juniors by the shortest possible route – or not less than 3 miles from the start to the turn for a two-way course.
9 The swimmer must not leave the water at any stage during the time claimed. In a two-way swim the swimmer may leave the water, at the turn, for not more than 10 minutes, re-entry should be at the same point as the exit. He/she should not be touched except for medical purposes.
10 The swimmer must not receive support from any floating or fixed object and shall not use any aids to swimming other than a standard costume, cap and goggles.
11 The swimmer must not consume, or so recently have consumed as still to be under the influence of alcohol or stimulants.
12 The swimmer may stand for the purpose of resting or the consuming of food or drink provided rules 10 and 11 are complied with and no steps are taken.
13 The swimmer must **not** be accompanied by any other swimmer in the water for the purpose of pacemaking.
14 The only strokes for which recognition will be considered are freestyle, breaststroke, backstroke and butterfly.

15 The start and finish of an inaugural swim must not be within 1 mile of the start or finish of any other recognised course.
16 Claims for inaugural swims must accurately define the course and be accompanied by a satisfactory map. The actual start point must be defined within 100 metres and the finish point similarly or within 800 metres in the case of a tidal swim.

Claims for record times (including inaugural times for a new course)
17 The swim must be observed throughout by an additional witness over 18 years of age acceptable to the Association. Requests for acceptance should be made in writing via the Hon Recorder at least two weeks **prior** to the attempt.
18 Three synchronised watches must be used.
19 The official time must be the arithmetic mean of the three times.
20 If the fastest of the three watches varies by more than one minute in two hours from the second fastest, then the fastest time must be ignored. The official time will be the arithmetic mean of both remaining times.
21 A record set outside a championship will not be recognised unless the new claimed time reduces the previous record time by at least one minute.
22 In the case of strokes other than freestyle, the additional witness must be an official of either the B.L.D.S.A., A.S.A. or S.T.A to act as a stroke judge.

June 2012 GES

**Please ask the Recorder for advice regarding Rule 5*

PLEASE GIVE A COPY OF THE RULES TO YOUR WITNESSES AND SUPPORT CREW

PART TWO (PAGES 7 & 8) – ON COMPLETION OF THE SWIM – PLEASE POST ORIGINAL (an email will not be accepted for ratification although it may be sent as a notice to expect the original) You are advised to keep a copy of the original.

NAME OF TEAM

SWIM LOCATION

DATE OF SWIM

START TIME (approx. e.g. 7.00am 10.00pm)

FINISH TIME

TIDE DETAILS if applicable

WEATHER CONDITIONS

OTHER COMMENTS

DECLARATION FROM THE SWIMMERS

We did not receive any physical support in any way, from any source, and did not use any artificial aids to swimming, other than for visual purposes.

We did not take any intoxication liquor or artificial stimulant during or immediately prior to the swim.

Signature of the Swimmers (in swim order)

1	2
3	4
5	6

Date

DECLARATION FROM OBSERVERS
I certify that to my personal knowledge the above information is correct.
I also certify that the rules governing relay swims were observed at all times.
Signature of Observer

Name in Block Capitals

Date

…….
I certify that to my personal knowledge the above information is correct.
I also certify that the rules governing relay swims were observed at all times
Signature of Additional Observer

Name in Block Capitals

Date

……..

Date of Swim

Time:	Hours	Minutes	Seconds
Watch 1	Hrs	Mins	Secs
Watch 2	Hrs	Mins	Secs
Watch 3	Hrs	Mins	Secs

Is this a Record Claim? YES/NO
Is this and Inaugural Swim Claim? YES/NO
If Yes to either of the above please give the date that the Hon Recorder was given advance notice.