

Please use this space to tell us as much as you can about your **LONG DISTANCE SWIMMING EXPERIENCE** (with date, venue, time taken and water temperature (Furthest distance first))

DATE	VENUE	TIME TAKEN	WATER TEMPERATURE
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What is your average time to swim an open water mile?

What is your estimated time for 21 miles overnight?

Please use this next space to tell us a bit about your participation in **BLDSA** events:

DATE	VENUE	TIME TAKEN	WATER TEMPERATURE
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***Pre-requisite 1: Details of your 6-hour open-water swim in under 16 degree celsius water with NO wetsuit**

This qualification swim must be completed no longer than 30 months prior to and not within 14 days of the Two-Way Windermere Championships.

(Note that these swim requirements are to make sure swimmers are aware of the challenge they are undertaking and to give them a taste of what to expect. This is a short swim compared to the actual event and should become a distance that is often exceeded while training. For your own benefit, ideally we would like to see this undertaken in fresh water given the nature of the championship but understand the constraints of some swimmers).

Date

Venue

Time

Temperature

Witnesses (please give full names, addresses and telephone numbers plus email address)

PLEASE NOTE

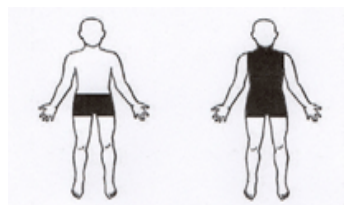
Swimmers **MUST** use 2 LED operated lights (preferably green) during the entire swim. One must be attached to their hat and the other attached to their costume throughout this swim.

(Normal 'glow sticks' are absolutely NOT allowed as a replacement on swimwear or goggles as fade badly during the course of the swim and make it hard for safety boats & officials to see you.)

No LED lights = NO Swim

Costumes

No costume must extend outside the highlighted area detailed in the picture below. **NO WETSUITS**



***Pre-requisite 2: Details of Crew - please complete the form on this page giving the names of your crew and the additional details at the end of the entry form. The BLDSA will supply the rowing boat.**

YOU WILL NEED TO RETURN THE CREW ADDITIONAL INFORMATION FORM WITH NAMES AND ADDRESSES WITH YOUR ENTRY. IF THE EXPERIENCE IS STILL TO BE COMPLETED THEN PLEASE SEND A PARTIALLY COMPLETED FORM INDICATING THIS IS THE CASE.

ALL CREW SHOULD BE AWARE THAT THIS IS AN OVERNIGHT SWIM AND THEY ARE RESPONSIBLE FOR NAVIGATION. Map and Compass should be used as SAT NAV is unreliable in certain parts of the lake - and at best could further the distance swum. (A map and compass card is provided)

The form may then be completed and sent at a later date but must be received by the closing date.

It is not possible to arrange a change of crew during the swim but the rowing boat will take a maximum of six crew so you may interchange throughout the Championship. Please complete extra forms if necessary.

Each swimmer must provide their own competent CREW of at least two people. This crew will be for a ROWING BOAT. At least one member of the crew must have accompanied a swimmer over a distance of ten and a half miles

Boats will be supplied if entry is accepted.

All entrants must complete the attached forms regarding full details of their boat crew

BOAT CREW Please give details of your crew in attached form. NO CREW = NO SWIM.

Name of Crew - please complete additional form attached. Please tick if they are in your crew as Rowers or Lifesavers or Both.	Both	ROWERS	LIFE-SAVER
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"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<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 2017 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

1. I am an eligible competitor in accordance with the B.L.D.S.A. Championship Rules.
2. I have read, understand and will abide by the B.L.D.S.A. Championship Rules.
3. I am a fully paid up member (or life member) of the B.L.D.S.A.
4. The particulars given on this entry form are true.
5. 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)**
6. "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: (If entrant is under 18 years of age)

DATE:

PLEASE RETURN THIS FORM (WITH FEE) TO:

Mark Sheridan
Rose Cottage
Seal Chart
Near Sevenoaks
Kent, TN15 0EZ

Mobile: 07979-292740 email: msheridan4@googlemail.com

Cheques, Postal Orders etc are to be made payable to "B.L.D.S.A."

Once your entry is accepted you will be e-mailed. Cheques are banked immediately upon acceptance of entry.

WINDERMERE CHAMPIONSHIP CREW

Please complete one for each crew member.

NAME OF SWIMMER

Please complete the following information about your crew

NAME

ADDRESS

TEL

EMAIL

BLDSA MEMBERSHIP NO: (if applicable)

Has accompanied a swimmer over a distance of ten and a half miles YES/NO

If YES

Date

Place / Championship

Witness (Block letters please)(Name & Address compulsory)

Name

Address

Tel

Email

BLDSA membership no: (if applicable)

Other (eg ASA, RLSS, etc)

Further information:

Experience of Lifesaving, Outdoor Water Sport Activity etc.

Return to Mark Sheridan, Rose Cottage, Seal Chart, Near Sevenoaks, Kent, TN15 0EZ

WINDERMERE CHAMPIONSHIP CREW

Please complete one for each crew member.

Please note all crew must provide and wear a lifejacket or buoyancy aid

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