



BRITISH LONG DISTANCE SWIMMING ASSOCIATION CHAMPIONSHIP ENTRY FORM

CHAMPIONSHIP	Windermere (Senior)
DISTANCE	10.5 Miles (please note there will be a time limit of 9hrs)
DAY / DATE	Saturday August 27th 2016
ENTRY FEE	£170.00 or £75.00 if supplying a kayak and kayaker (see note 4 below for conditions of using a kayak and kayaker)
CLOSING DATE	Saturday 1st August 2016

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. FULL MEMBERSHIP IS £35. FOR A YEAR AND CAN BE OBTAINED THROUGH OUR WEBSITE.

THERE ARE PRE-REQUISITES FOR ENTRY TO THIS CHAMPIONSHIP FOR FIRST TIME ENTRANTS

1: To have completed an open water swim of five miles (within a time of three and a half hours) between 1st March 2016 and the closing date of 1st August 2016

THE FOLLOWING APPLIES TO ALL ENTRANTS not just first time entrants

2: To provide a crew of two (or three) competent and experienced rowers and lifesavers to accompany you in the provided support rowing boat. At least ONE of these must show evidence of having accompanied a swimmer for at least five miles. All crew must wear a life jacket, these can be hired for £5 per jacket.

3: Swimmers who have completed a 7 mile swim may use their own kayaker and kayak providing that the Kayak is a sea kayak or touring type kayak. The Kayaker must be experienced in accompanying a swimmer and have proof of their Kayak experience.

4: If the entrant is under 18 years of age a parent or nominated guardian must be one of the crew
Relevant forms for these requirements are attached and entries will not be confirmed until received by the secretary. Entry forms will be accepted conditional on receipt of these forms prior to the closing date.

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

I enclose a SAE for acknowledgement, 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
SURNAME:				
FORENAME:				
AGE:		DATE OF BIRTH:		

ADDRESS:	
POSTCODE:	

EMAIL ADDRESS (home) _____

EMAIL ADDRESS (work) _____

Please indicate address preference if applicable

TEL NO EVENINGS:	
TEL NO DAY:	
TEL MOBILE:	
BLDSA MEMBERSHIP NUMBER:	

If you are currently waiting for a membership please advise the secretary as soon as this is completed.

CLUB or TOWN																				
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For programme and results

LONG DISTANCE SWIMMING EXPERIENCE with date and time

BLDSA Championship (or BLDSA Affiliated Club)

Championship Name _____

Date _____

Distance _____

Time _____

Other Experience (Please state Year, Distance, Time, Venue etc.)

Average time to swim an open water mile? _____

Each Swimmer must provide their own competent CREW of at least two people.

This crew will be for a rowing boat. Boats will be supplied if your entry is accepted.

Please note there is a limited supply of boats (10) available.

BOAT CREW Please give FULL details of your crew on the attached form. NO CREW NO SWIM.		
Name	ROWERS	LIFE-SAVER
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
Kayaker Please give FULL details of your Kayak and Kayaker and experience		
Name:	Type of Kayak	
Kayakers Experience:		

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 2015 MEMBERSHIP CARD FROM YOUR COUNTRY'S GOVERNING BODY OR EVIDENCE OF ALTERNATIVE PERSONAL INSURANCE WHICH COVERS PARTICIPATION IN OPEN WATER SWIMMING EVENTS.

The BLDSA has in place Anti-Bullying and Child/ Vulnerable Adult Policies.
Copies of which may be obtained from the BLDSA Hon. Child Protection Officer.

CERTIFICATE OF SWIMMING ABILITY (Signed by Swimmer)

I certify that in my opinion and having regard to the nature of this Championship, I am competent to complete the distance and have (or will have) completed a swim of a minimum of five miles since 1st March this year.

NAME _____

SIGNATURE _____ 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: _____

IT IS YOUR RESPONSIBILITY TO MAKE SURE YOU HAVE YOUR MEDICATION

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 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.
7. "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:

Mrs Dee Llewellyn-Hodgson

49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks. HD5 0EX

tel: 01484 313175 email: madasafish1@btinternet.com

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

Please enclose a stamped addressed envelope with the entry form.

ALL SWIMMERS: YOU WILL NEED TO RETURN THE CREW INFORMATION FORM

FIRST TIME ENTRANTS: YOU WILL NEED TO RETURN THE EVIDENCE OF A FIVE AND A HALF MILE SWIM

These may be completed and sent at a later date but MUST be received by the closing date.

PLEASE NOTE. I am not able to guarantee a reply to emails and telephone calls by return, as I work full time.

First time entrants are advised that entries are only **definitely** accepted after the attached form showing evidence of an open water swim of five miles within three and a half hours (**1st March 2016 and the closing date of 1st August 2016**). This can be a training swim in a lake / sea, a BLDSA Club affiliated championship or a BLDSA championship.

ALL entrants **MUST** complete the attached form regarding full details of the members of your boat crew.

Entries received will be placed on a list. When 40 (the number of boats available) places have been provisionally allocated further entries received will be placed on a waiting list. Swimmers are expected to inform the swim secretary as and when their prerequisites are met and also to notify any change of crew prior to the event.

PLEASE NOTE

There is parking at Fell Foot Park (National Trust) for the start of the swim and the Lake District National Park Car Park opposite the BLDSA swim finish at Waterhead Ambleside.

ANY QUESTIONS and FURTHER INFORMATION PLEASE EMAIL

blds@btinternet.com or telephone 01484 313175 but please note I may not be able to reply by return. Please also see www.blds.org.uk



BRITISH LONG DISTANCE SWIMMING ASSOCIATION WINDERMERE CHAMPIONSHIPS

INFORMATION AND EXTRACT OF RULES

DATE: Sat. August 27th 2016

CLOSING DATE: Saturday August 1st 2016

TIME LIMIT: 9 Hours (Nine hours)

ENTRY FEE: £170.00 or £75.00 if providing your own kayak and Kayaker (see conditions note: 4 for this)

AGE LIMIT: Seniors only i.e. minimum of 16 (sixteen) years old on the day

DISTANCE AND COURSE: 10½ (ten and a half) miles in as straight a line as possible

REGISTRATION and BRIEFING: Saturday August 27th 2016 at Fell Foot Country Park

Registration from 7.15 a.m. to 8.00 a.m. at the top Car Park near the toilets

Briefing for Crews at 8.15 a.m. at fellfoot (on the grass by the boat moorings)

Briefing for Swimmers 8.45 a.m. adjacent to the start.

SWIM START: 9.00 a.m. Sat. August 27th 2016

AT: Fell Foot Park (South end of the lake)

FINISH AT: Waterhead, Ambleside (North end of the lake)

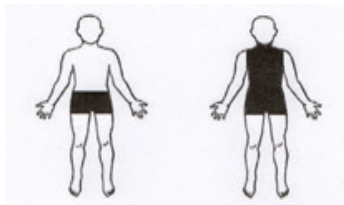
PRESENTATION OF TROPHIES & CERTIFICATES: At the Café at Fellfoot Park.

SWIMMERS, CREWS & OTHERS, OBLIGATIONS & PRECAUTIONS ETC.

Since recently experiencing a decreasing number of suitable, available boats and great pressure from the number of entries, it is vital that early compliance with entry qualifications is ensured. This compliance is strictly the responsibility of each entrant.

1. Ensure that you are a fully paid up member of the Association before the closing date of the Championship. **Membership numbers are strictly checked on that date.** Also that you comply with the minimum age requirement.
2. Make sure that the entry form, **fully completed**, along with the full entry fee, **plus S.A.E.** are received by the secretary by the closing date. **Late entries are not accepted.** (Your cheque will not be banked until after the closing date)
3. The swimmer must provide at least two competent Oarsmen/Lifesavers, aged fourteen years or more on the day. **No crew - no swim!** Each Crew Member must provide and wear a life jacket or buoyancy aid. The attached form **MUST** be completed giving information about your crew.
4. It is essential that Mobile phone numbers are given as these will be used as a means of contact on the Lake.
5. Each swimmer must provide a Flag Alpha, whistle, survival bag and cleaning material. The Flag Alpha must be clearly displayed at all times the swimmer is in the water, (but must be taken down, in the event that the swimmer retires). Failure to comply with this condition **Will** result in disqualification. Each Swimmer must also have a 'Dry Bag' with their clothing in on their escort boat. Please also bring a bailer - a cut down plastic milk / drinks bottle will suffice.
6. If the accompanying boat is unable to keep close to the swimmer, because of weather conditions or any other reason, the Referee will order the swimmer and crew to terminate the swim on safety grounds.
7. The swimmer and crew are entirely responsible for all the equipment, personal belongings and the safety and cleanliness of the boat, for the duration of the swim.
8. In the event of abandoning a swim, **or not leaving the water when the time limit is reached**, the accompanying boat must be returned to the finish point at Waterhead, Ambleside.
9. Breaststroke swimmers are to wear **ONE PINK CAP ONLY**
Other stroke swimmers are to wear **ONE COLOURED (NOT PINK) CAP ONLY**
ALL SWIMMERS ARE TO WEAR ONLY ONE REGULATION COSTUME.
10. At present, only rowing boats supplied by the B.L.D.S.A. are to be used for the swim or Kayaks in compliance with note 4 (page 1). Outboard motors are not permitted to be used.

11. First time entrants must have participated in a BLDSA or BLDSA affiliated club championship and have completed a five and a half mile open water swim within three and a half hours, either in training or competition, during the specified period leading up to the Championship. Entries are only definitely accepted after these conditions have been complied with and reliably vouched for.
12. All swimmers, boat crews, safety boat crews, officials and any other person directly connected in any way with the championships, must report any injury sustained, no matter how small, which happens during the period of the championships to the swim secretary as soon as possible.
13. **REGISTRATION AND BRIEFING SATURDAY MORNING:** All entrants, boat crews and officials, are expected to attend the registration and briefing. Swimmers and their crews who do not attend will not be allowed to participate in the championship.
14. **Costumes** No costume must extend outside the highlighted area detailed in the picture below



IMPORTANT NOTE

If after the 9 hour time limit has been reached, any swimmer who has not completed the course decides not to leave the water, but to carry on in an attempt to finish the course, as an individual attempt, then the following conditions will apply.

At nine hours after the Championships have started, all Championship rules, safety cover, timekeeping facilities, organiser's responsibility and liability etc., etc., will no longer apply. The situation changes to an individual attempt, as stated and the terms and conditions and rules for recognition of individual swims assume. The swimmer becomes totally liable and responsible for the safety and welfare of him or herself, as well as the crew, equipment belonging to the B.L.D.S.A., the rowing boat (including any additional hire charge which may be levied) and all personal belongings etc.

By agreeing to be accepted for participation in the Championships, it is taken that each swimmer agrees to be legally bound by the conditions stated above.

Finally, may I wish all swimmers a happy and successful swim on the day, **BUT** may I stress to everyone, that safety is of paramount importance. Therefore I ask **ALL CONCERNED**, to be extremely vigilant and safety conscious in all your proceedings. Good luck and good swimming!

Dee Llewellyn-Hodgson,
49 St Pauls Road,
Kirkheaton,
Huddersfield,
W Yorks,
HD5 0EX
Tel 01484 313175

Email: madasafish1@btinternet.com

WINDERMERE CHAMPIONSHIP FIRST TIME ENTRANT

Five mile open water swim in Three and a half hours between 1st March 2016 and the closing date of 1st August 2016

NAME _____

ADDRESS _____

TEL _____ MOBILE _____

EMAIL _____

BLDSA MEMBERSHIP NO: _____

FIVE MILE SWIM

Date _____

Venue / Championship _____

Time taken _____

Temperature (if known) _____

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

Name _____

Address _____

Tel _____

Email _____

BLDSA membership no: (if applicable) _____

Other (eg ASA, RLSS,
etc) _____

Signed SWIMMER _____ Signed WITNESS _____

Return to:

Dee Llewellyn-Hodgson, 49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks, HD5 0EX

WINDERMERE CHAMPIONSHIP ENTRANT WITH KAYAK ESCORT

7 mile open water swim between 1st March 2016 and the closing date of 1st August 2016

NAME _____

ADDRESS _____

TEL _____ MOBILE _____

EMAIL _____

BLDSA MEMBERSHIP NO: _____

SEVEN MILE SWIM (or greater) _____ MILE SWIM

Date _____

Venue / Championship _____

Time taken _____

Temperature (if known) _____

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

Name _____

Address _____

Tel _____

Email _____

BLDSA membership no: (if applicable) _____

Other (eg ASA, RLSS,
etc) _____

Signed SWIMMER _____ Signed WITNESS _____

Return to:

Dee Llewellyn-Hodgson, 49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks, HD5 0EX

WINDERMERE CHAMPIONSHIP CREW 2016

NAME OF SWIMMER_____

Please complete one for each crew member.

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

Please complete the following information about your crew

NAME_____

ADDRESS_____

TEL_____ MOBILE _____

EMAIL_____

BLDSA MEMBERSHIP NO: (if applicable)_____

Has accompanied a swimmer over a distance of five miles YES/NO

If YES

Date_____

Venue / 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:

Dee Llewellyn-Hodgson, 49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks, HD5 0EX

WINDERMERE CHAMPIONSHIP CREW 2016

NAME OF SWIMMER _____

Please complete one for each crew member.

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

Please complete the following information about your crew

NAME _____

ADDRESS _____

TEL _____ MOBILE _____

EMAIL _____

BLDSA MEMBERSHIP NO: (if applicable) _____

Has accompanied a swimmer over a distance of five miles YES/NO

If YES

Date _____

Venue / 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:

Dee Llewellyn-Hodgson, 49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks, HD5 0EX

WINDERMERE CHAMPIONSHIP CREW 2016

NAME OF SWIMMER_____

Please complete one for each crew member.

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

Please complete the following information about your crew

NAME_____

ADDRESS_____

TEL_____ MOBILE _____

EMAIL_____

BLDSA MEMBERSHIP NO: (if applicable)_____

Has accompanied a swimmer over a distance of five miles YES/NO

If YES

Date_____

Venue / 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:

Dee Llewellyn-Hodgson, 49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks, HD5 0EX

WINDERMERE CHAMPIONSHIP KAYAKERS DETAILS 2016

NAME OF SWIMMER_____

To be completed by the Kayaker.

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

Please complete the following information about your Kayak and Kayaker

NAME_____

ADDRESS_____

TEL_____ MOBILE _____

EMAIL_____

BLDSA MEMBERSHIP NO: (if applicable)_____

Has accompanied a swimmer over a distance of 5 miles YES/NO

If YES

Date_____

Venue / Championship_____

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

Name_____

Address_____

Tel_____

Email_____

BLDSA membership no: (if applicable)_____

Details of Kayak

Kayaking Experience:

Return to:

Dee Llewellyn-Hodgson, 49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks, HD5 0EX

WINDERMERE CHAMPIONSHIP 2016

SWIMMERS NAME: _____

BUOYANCY AIDS

Buoyancy aids can be hired at a cost of £5 per person

I require _____ Life jackets.

RED



Number of Buoyancy aids required _____ which I will collect and return to the boat stewards. These must be paid for in with the entry fee and can not be hired on the day.

Total amount _____ at £5 per Buoyancy aid

SIGNED: _____

Return to:

Dee Llewellyn-Hodgson, 49 St Pauls Road, Kirkheaton, Huddersfield, W Yorks, HD5 0EX