



BRITISH LONG DISTANCE SWIMMING ASSOCIATION

CHAMPIONSHIP ENTRY FORM

CHAMPIONSHIP	LYNN REGIS (Junior / Senior)
DISTANCE	4.5 KM (Senior) (please note there will be a time limit of 2hrs 30 mins) / 1.5 KM (Junior) (please note there will be a time limit of 1hr 30 mins) / 1 5 KM (Novice)
DAY / DATE	Saturday 16th September 2017
ENTRY FEE	£35.00 (Seniors), £15.00 (Juniors), £10.00 (Novice)
CLOSING DATE	Saturday 25th August 2017 ***Swimmers may enter the Novice event on the day***

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. FOR THE 4.5KM AND 1.5KM EVENTS)

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.

SENIOR <input type="checkbox"/>	JUNIOR <input type="checkbox"/>	NOVICE <input type="checkbox"/>	F/STYLE <input type="checkbox"/>	BRST/S <input type="checkbox"/>	Please tick as appropriate
4.5 KM <input type="checkbox"/>	1.5 KM <input type="checkbox"/>		LADIES <input type="checkbox"/>	GENTS <input type="checkbox"/>	

SURNAME:																		
FORENAME:																		
AGE:				DATE OF BIRTH:		/		/										

ADDRESS:																								
POSTCODE:																								

TELEPHONE NUMBER:																		
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BLDSA MEMBERSHIP NUMBER:						
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CLUB / TOWN (For programme and results)																								
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LONG DISTANCE SWIMMING 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 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, the entrant is a competent swimmer.
(B.L.D.S.A. Official or Club Coach)

SIGNED:

NAME:

DATE:

ⓧ **Not to be signed by entrant!** ⓧ

Average time to swim a mile? _____

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

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:

DATE:

(If entrant is under 18 years of age)

PLEASE RETURN THIS FORM (WITH ENTRY FEE) TO:

Mr Stephen Smith,
4 Victoria Court, Caswell Drive, Caswell, Swansea, SA3 4RW.
Tel: 07582298186
Email: sktransfers.london@gmail.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.



BRITISH LONG DISTANCE SWIMMING ASSOCIATION

LYNN REGIS CHAMPIONSHIPS

Saturday 16th September 2017

Novice Event

SWIM BRIEFING: THE NEW OUSE SAILING CLUB HOUSE

BRIEFING TIME: 11:00 AM

SWIM START: 11:30 AM AT LAUNCHING JETTY

SWIM: 1 CIRCUIT = DISTANCE 1.5 KM

Senior Events

SWIM BRIEFING: THE NEW OUSE SAILING CLUB HOUSE

BRIEFING TIME: 11:00 AM

SWIM START: 12:00 AM AT LAUNCHING JETTY

SENIORS: 3 CIRCUITS = DISTANCE 4.5KM

Junior Events

SWIM BRIEFING: THE NEW OUSE SAILING CLUB HOUSE

BRIEFING TIME: 11:00 AM

SWIM START: 12:00 AM AT LAUNCHING JETTY

SWIM: JUNIORS: 1 CIRCUIT = DISTANCE 1.5KM

LAND MARK: HEAD FOR POWER STATION CAN BE SEEN FOR MILES HIGH BUILDING WITH RED LIGHTED CHIMNEY

MAP PLACE

1) FROM WISBEACH A47 AND A17

GET TO ROUNDABOUT WHERE BOTH THESE ROADS MEET ALSO HAS SIGNPOSTING FOR WEST LYNN ON IT .GO TO DUAL CARRIAGEWAY WHICH INDICATES TO KINGS LYNN AND TAKE 1ST EXIT OF DUAL CARRIAGEWAY TO SADDLE BOW (SEE A)

2) FROM, NORWICH A47 TOWN CENTRE AND A10

AT HARDWICK ROUNDABOUT WITH BUTTERFLY HOTEL ON IT.TAKE DUAL CARRIAGEWAY TO WISBEACH A47 AND SLEAFORD A17.TAKE FIRST EXIT OF DUAL CARRIAGEWAY TO SADDLE BOW (SEE A)

A) PASS SPEED WAY TRACK TO SMALL ROUNDABOUT MARKED, ST GERMAN'S 300 YARDS UP INTO THE AREA MARKED "ENVIRONMENT AGENCY TAIL SLUICE AND SAILING CLUB ONLY" DRIVE UP BY THE PARTITION FENCE TO GATEWAY, PLENTY OF PARKING SPACE.

WATER LOCATION: THE RELIEF CHANNEL

BUFFET AND DRINKS AFTERWARDS.

SHOWERS AND CHANGING AREAS AND TOILETS AVAILABLE AND DISABLED TOILET.

FEES: £10.00 FOR NOVICES, £15.00 JUNIORS AND £35.00 SENIORS

HOTELS: BUTTERFLY HOTEL - 01553 771 707

If anyone has any queries, I can be reached as follows: SWIM SECRETARY, STEPHEN SMITH

4 Victoria Court, Caswell Drive, Caswell, Swansea, SA3 4RW. Tel: 07582298186. Email: sktransfers.london@gmail.com