



Application Form Recognition of Relay Swim

Part 1: Notification of swim: should be submitted as soon as possible by post or email **and at least four weeks prior to the date of your swim.**

Part 2: On completion of swim: should be submitted after the swim. Please post the 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.

Please write clearly in CAPITALS

Please enclose a cheque payable to BLDSA with part 1 of the form (Notification of swim). Alternatively, you may make your payment by bank transfer. Please contact the BLDSA for details of the bank account.

The swim recognition fee for a Senior Relay team is £50.00.
The swim recognition fee for a Junior Relay team is £10.00.

Part 1 of the form will NOT be processed until your cheque is received.

Please note your BLDSA insurance does not cover the team manager, any swimmer or any of your crew for relay swims.

You must obtain your own insurance.

Forms should be sent to:

BLDSA Hon. Gen. Sec.
Vince Classen,
1 Cairns Road,
Murton,
SEAHAM,
Co. Durham,
SR7 9TD

email: secretary@bldsa.org.uk



Part 1

Notification of swim

This part of the form should be submitted as soon as possible by post or email

Team

| | |
|-----------|--|
| Team Name | |
|-----------|--|

Team manager

| | |
|-------------------------|--|
| Title (Mr/Mrs/...) | |
| First Name(s) | |
| Surname | |
| Address | |
| Town | |
| County | |
| Postcode | |
| Country | |
| Tel No (Day) | |
| Tel No (Evening) | |
| Tel No (Mobile) | |
| Email Address | |
| Age | |
| Date of Birth | |
| BLDSA Membership number | |



British Long Distance Swimming Association

Swimmers

Please enter the names of swimmers in the order they will swim. Please enter the name as to appear on the certificate.

| | First Name | Surname | BLDSA Number |
|---|------------|---------|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Swim Details

| | |
|--|--|
| Name of course (Please state if two-way or more) | |
| Start location | |
| Finish location | |
| Distance (miles) | |
| Distance (kilometres) | |
| Proposed day and date of Swim (final date may be confirmed nearer the item) | |
| Stroke | |



British Long Distance Swimming Association

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

Witnesses

Witness for relay swim

- One BLDSA member

Witness for Record OR Inaugural Swim

- Two BLDSA members

Please note that all new witnesses who have not previously witnessed a BLDSA swim attempt must be approved by the BLDSA Executive Committee in advance of the swim.

Please let the Hon Recorder know (by letter or email) the name, address, telephone number and email address of the witness(es) at least four weeks in advance so they can be approved by the Association.

The witness(es) may be contacted before 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.

Witness 1

| | |
|-------------------------|--|
| Full name | |
| Address | |
| Town | |
| County | |
| Postcode | |
| Country | |
| Tel No (Day) | |
| Tel No (Evening) | |
| Tel No (Mobile) | |
| Email Address | |
| BLDSA Membership number | |

Witness 2

| | |
|-------------------------|--|
| Full name | |
| Address | |
| Town | |
| County | |
| Postcode | |
| Country | |
| Tel No (Day) | |
| Tel No (Evening) | |
| Tel No (Mobile) | |
| Email Address | |
| BLDSA Membership number | |

Witness 3

| | |
|-------------------------|--|
| Full name | |
| Address | |
| Town | |
| County | |
| Postcode | |
| Country | |
| Tel No (Day) | |
| Tel No (Evening) | |
| Tel No (Mobile) | |
| Email Address | |
| BLDSA Membership number | |

Please attach extra sheets with details of any further witnesses



Part 2

On completion of swim

Part 2 must be completed after the swim.

Please post the 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.

Team

| | |
|---|--|
| Name of team | |
| Swim location | |
| Date of swim | |
| Start time (approx. e.g. 7.00am 10.00pm) | |
| Finish time | |
| Tide details | |
| Weather conditions | |
| Other comments | |

Declarations

DECLARATION FROM 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 intoxicating liquor or artificial stimulant during or immediately prior to the swim.

Swimmer 1

| | |
|----------------------|--|
| Signature of swimmer | |
| Name of swimmer | |
| Date | |

Swimmer 2

| | |
|----------------------|--|
| Signature of swimmer | |
| Name of swimmer | |
| Date | |

Swimmer 3

| | |
|----------------------|--|
| Signature of swimmer | |
| Name of swimmer | |
| Date | |

Swimmer 4

| | |
|----------------------|--|
| Signature of swimmer | |
| Name of swimmer | |
| Date | |

Swimmer 5

| | |
|----------------------|--|
| Signature of swimmer | |
| Name of swimmer | |
| Date | |

Swimmer 6

| | |
|----------------------|--|
| Signature of swimmer | |
| Name of swimmer | |
| Date | |

DECLARATION FROM WITNESS 1

I certify that to my personal knowledge the above information is correct.

I am aware of the rules governing the recognition of relay swims.

| | |
|----------------------|--|
| Signature of witness | |
| Name of witness | |
| Date | |

DECLARATION FROM WITNESS 2

I certify that to my personal knowledge the above information is correct.

I am aware of the rules governing the recognition of relay swims.

| | |
|----------------------|--|
| Signature of witness | |
| Name of witness | |
| Date | |

DECLARATION FROM WITNESS 3

I certify that to my personal knowledge the above information is correct.

I am aware of the rules governing the recognition of relay swims.

| | |
|----------------------|--|
| Signature of witness | |
| Name of witness | |
| Date | |

Swim Details

| | | | | | | |
|--------------|--|-----|--|------|--|------|
| Date of swim | | | | | | |
| Time | | hrs | | mins | | secs |
| | | | | | | |
| Watch 1 | | hrs | | mins | | secs |
| Watch 2 | | hrs | | mins | | secs |
| Watch 3 | | hrs | | mins | | secs |

| | |
|--|------------------------------|
| Is this a record claim | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |
| Is this an inaugural swim? | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |
| If the answer to either of the above is YES please give the date that the BLDSA was given advance notice | |



Rules for Recognition of Relay Swims and Records

1. Each team shall consist of two to six swimmers all of whom must be members of the BLDSA.
2. The names of the two to six swimmers shall be given to the Observer before the start of the swim. Thereafter there shall be no substitution whatsoever.
3. Each swimmer shall swim for one hour each time he/she enters the water.
4. On receipt of a time signal, a takeover must be made within five minutes of the preceding swimmer's hour ending. During the 'takeover' the new swimmer shall swim up from behind the preceding swimmer.
5. Pace making is not allowed.
6. Team members shall rotate in the same order throughout the swim.
7. Members of junior teams must all be under 16 years on the day of the swim.
8. No swimmer under 12 years of age on the day of the swim may take part. Proof of age may be required where the observer is in doubt about the age of the swimmer.
9. An **Official Observer** acceptable to the British Long Distance Swimming Association shall be present during any Relay Team Swim for it to be considered for recognition. The Observer shall be agreed by arrangement with the Hon. Recorder **prior** to the swim taking place.
10. The minimum distance for which a Relay Certificate will be issued shall be 10 miles/ 16km for a one way swim or 5 miles/ 8Km each way in the case of a multiple way attempt.
11. Only the breaststroke or freestyle strokes will be recognised for record purposes.
12. Light sticks must be used by all swimmers during the hours of darkness, at least two being in use during takeovers.
13. Observers reasonable expenses i.e. Fares, Accommodation etc. shall be borne by the members of the swimming team.

Claims for record times (including inaugural times for a new course)

14. 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 BLDSA at least four weeks prior to the attempt.
15. Three synchronised watches must be used.
16. The official time must be the arithmetic mean of the three times.
17. 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.
18. A record will not be recognised unless the new time reduces the previous record by at least one minute.
19. In the case of strokes other than freestyle, the additional witness must be approved by the BLDSA Emergency Committee to act as the observer of stroke.



British Long Distance Swimming Association

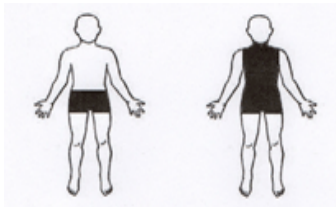
BLDSA Swimwear Rules

Swimmers shall not use any aids to swimming other than one sleeveless and legless costume, one cap and goggles.

Sleeveless shall mean the costume must not extend beyond the end of the shoulder onto the upper arm and legless shall mean the costume must not extend lower than the crotch onto the upper leg.

No neoprene or other insulating/buoyancy enhancing material may be used for any purpose, including caps.

No costume must extend outside the highlighted area detailed in the picture below. Wetsuits are not permitted.



Please give a copy of the rules to your witnesses and support crew.