OFFICE USE ONLY
DATE RECEIVED:
REGION:
LEVEL:
NOTES:

DISABILITY SWIMMING SWIMMER ID TRACKER FORM

BRITISH Swimming

Are you interested in getting more involved in disability swimming? Can you swim 15m or more? If your answer is "YES" . . . . Fill in the form and send it back to us. !!!

NAME: _____ DATE OF BIRTH: _____

GENDER: ☐ MALE ☐ FEMALE

HOME ADDRESS: _____ TELEPHONE: _____

_____ MOBILE: _____

_____ EMAIL: _____

POSTCODE: _____ SWIM CLUB / SWIM SCHOOL: _____

PRIMARY IMPAIRMENT: ☐ **PHYSICAL** ☐ **VISUAL** ☐ **HEARING** ☐**INTELLECTUAL** AQUIRED DISABILITY: YES ☐ NO☐

DISABILITY e.g. CP HEMIPLEGIA: _____ PROGRESSIVE: YES ☐ NO☐

ADDITIONAL IMPAIRMENT: ☐ **PHYSICAL** ☐ **VISUAL** ☐ **HEARING** ☐**INTELLECTUAL** AQUIRED DISABILITY: YES ☐ NO☐

ENTER DETAILS IN RELEVANT BOX	SCHOOL / LEARN TO SWIM	LANE SWIMMER	CLUB SWIMMER
NO. TIMES YOU SWIM PER WEEK			
NO. OF HOURS YOU SWIM PER WEEK	HRS	HRS	HRS
DISTANCE IN TRAINING SESSIONS	N/A	M	M
NO. OF COMPETITIONS IN LAST 12 MONTHS	N/A	N/A	
NO. OF YEARS SWIMMING COMPETITIVELY	N/A	N/A	
AGE LEARNT TO SWIM	YRS	YRS	YRS
OTHER SPORTS PARTICIPATING IN			

SWIMMERS MUST BE ABLE TO SWIM A MINIMUM OF 15m ON FRONT OR BACK IN A RECOGNISED STROKE (BACKSTROKE, BREASTSTROKE, BUTTERFLY, FREESTYLE). CLUB & LANE SWIMMERS MUST ENTER THEIR TIMES IN THE BOXES BELOW.

	SCHOOL / LEARN TO SWIM	LANE & CLUB SWIMMERS - PB TIMES				
STROKE	**15m Achieved**	**25m**	**50m**	**100m**	**200m**	**400m**
FREESTYLE						
BACKSTROKE						
BREASTSTROKE						
BUTTERFLY						
INDIVIDUAL MEDLEY						

Data Protection Statement:
British Swimming will use your personal data for the purpose of your involvement in Disability Swimming and I understand that by submitting this form, I am consenting to receiving information about Disability Swimming by post, email, SMS/MMS, online or phone unless stated otherwise.

If the swimmer is under the age of 18yrs this form should be completed and returned by the parent or person in 'Loco Parentis' however must still be signed by the swimmer below. Your information may be shared with an ASA/WASA/SASA Region/Home Country.
If you do not wish for this information to be shared please tick this box ☐

SWIMMER SIGNED: _____ NAME: _____ DATE: _____

'LOCO PARENTIS' SIGNED: _____ NAME: _____ DATE: _____

PLEASE RETURN COMPLETED FORM TO:
ASA West Midland Regional Office
Unit 7 Basepoint Business Centre, Isidore Road, Bromsgrove Technology Park, Bromsgrove, Worcs B60 3ET.