

CLASSIFICATION REGISTRATION FORM

Section A

Family Name _____ Given Name _____ 2ND Initial _____

Address: _____

_____ Postcode: _____

Home Telephone Number: _____ Gender: MALE / FEMALE

E-mail: _____ Date of Birth: ____ / ____ / ____

Member ID Number (essential): _____

Number of years involved in competitive swimming _____

Club: _____

Personal Best times for 25m: Free _____ Back _____ Breast _____ Butterfly _____

Section B

Please tick nature of disability:

- Physical Disability
- Visually Impaired / Blind
- Learning Disability
- Hearing Impaired / Deaf

Section C - Only for those with a physical disability. Please briefly outline your disability. For example: Amputee, Cerebral Palsy.

Section D

I can confirm the above information is correct.

Sign: _____ Date: _____

Signature of Parent or Guardian (if under 18 years of age)

Sign: _____ Date: _____

Name: _____

**Please return to: ASA Disability Office, Royal Schools for the Deaf, Manchester,
Stanley Road, Cheadle Hulme, Cheshire, SK8 6RQ, Telephone: 0161 610 0150,
Fax: 0161 610 0159, E-mail: disability@swimming.org**