

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

## DISABILITY SWIMMING SWIMMER ID TRACKER FORM



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

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ MOBILE: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ SWIM CLUB / SWIM SCHOOL: \_\_\_\_\_

PRIMARY IMPAIRMENT:  PHYSICAL  VISUAL  HEARING  INTELLECTUAL      ACQUIRED DISABILITY: YES  NO

DISABILITY e.g. CP \_\_\_\_\_ PROGRESSIVE: YES  NO

HEMIPLEGIA: \_\_\_\_\_

ADDITIONAL IMPAIRMENT:  PHYSICAL  VISUAL  HEARING  INTELLECTUAL      ACQUIRED DISABILITY: YES  NO

CLASSIFICATION: S      SB      SM

(If known)

SCHOOL NAME: \_\_\_\_\_ SCHOOL ADDRESS: \_\_\_\_\_  
 (Where appropriate)

DO YOU HAVE ACCESS TO A COMPUTER? YES  NO

ASA/WASA/SASA REGISTRATION: \_\_\_\_\_

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.

STROKE	SCHOOL / LEARN TO SWIM	LANE & CLUB SWIMMERS - PB TIMES				
	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:**  
 British Disability Swimming, SportPark, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF

Email: [WCPDisabilitySwimming@swimming.org](mailto:WCPDisabilitySwimming@swimming.org) or Fax: 01509 640192