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? 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 (PLEASE TICK ONE): ☐ **PHYSICAL** ☐ **VISUAL** ☐ **HEARING** ☐ **INTELLECTUAL**

IS THIS AN ACQUIRED DISABILITY: YES ☐ NO☐

DISABILITY DETAILS e.g. CP HEMIPLEGIA: _____

IS THIS PROGRESSIVE: YES ☐ NO☐

_____

ADDITIONAL IMPAIRMENT (PLEASE TICK ONE): ☐ **PHYSICAL** ☐ **VISUAL** ☐ **HEARING** ☐ **INTELLECTUAL**

IS THIS AN ACQUIRED DISABILITY: YES ☐ NO☐

SWIMMING ABILITY

Please indicate your level of swimmer ability: Learn to swim ☐ Lane swimmer ☐ Club swimmer ☐		Club name:	
		Are you a member of the ASA/SASA/WASA	**YES** ☐ **NO**☐
Age learnt to swim:		No of times per week:	
No of hours swimming per week:		Distance per training session:	

Can you swim 25m or more in each of these swimming strokes?
Where possible please also provide your 25m best times

	Y/N	Personal best 25 times
Freestyle		
Backstroke		
Breaststroke		
Butterfly		

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:
Disability Talent Administrator, SportPark, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF

Email: disability@swimming.org