



# Christmas Day Swim 2015

## Registration Form



**Each swimmer must complete a copy of this form and hand into reception before the start of the Swim**

**Please Print Clearly**

Name: .....

Address : .....

.....

Tel. No. ....

E-mail Address .....(CAPITALS PLEASE)

I agree to take part in the Christmas Day Cross Harbour Swim, to pay the Registration Fee (if applicable) and I acknowledge I do so at my own risk.

**I confirm I am a competent swimmer and well able to make the swim and that I enter the swim entirely at my own risk.**

**I confirm I have no medical conditions that may cause me to be unable to complete the swim.(e.g. Heart Problems, Epilepsy, Breathing problems etc)**

**In the case of swimmers under the age of 18 years, I confirm that parental consent has been obtained and that my parents are well aware that I have entered the Swim on the above terms.**

Date of Birth \_----/-----/----- (If under the age of 18 years)

Signed (Swimmer).....

+Parent (If swimmer is under the age of 18 years) .....

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If you have been sponsored to undertake this swim please indicate the following

1. Who the sponsorship was raised for?  
.....

2. How much money was raised £.....

**Please Choose the Category you wish to enter and tick *one box* only (right column).**

**If you wish to swim with a friend or family then you must book in at the same time.**

**Family  
fun**

**Junior  
Under 16  
Competitive**

**Ladies  
Competitive**

**Open  
Competitive**